National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1989

Health Care Financing Administration

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The *National Listing of Providers Furnishing Kidney Dialysis and Transplant Services* provides renal beneficiaries with a list of Medicare-approved providers who furnish kidney dialysis and transplant services. By including information on both the location of the providers and on the range of renal services available at those providers, this publication allows beneficiaries and those responsible for their care an improved opportunity to make treatment decisions and referrals

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January 1989

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy
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National Listing of Renal Providers by State

Alabama	24	Idaho	83	Missouri	126	Puerto Rico	174
Alaska	28	Illinois	84	Montana	130	Rhode Island	176
American Samoa	29	Indiana	92	Nebraska	131	South Carolina	177
Arizona	30	Iowa	93	Nevada	132	South Dakota	181
Arkansas	33	Kansas	97	New Hampshire	133	Tennessee	182
California	36	Kentucky	99	New Jersey	134	Texas	187
Colorado	55	Louisiana	101	New Mexico	137	Utah	200
Connecticut	57	Maine	107	New York	139	Vermont	202
Delaware	59	Mariana Islands	108	North Carolina	149	Virginia	203
District of Columbia	60	Maryland	109	North Dakota	154	Virgin Islands	208
Florida	62	Massachusetts	113	Ohio	155	Washington	209
Georgia	74	Michigan	116	Oklahoma	160	West Virginia	211
Guam	81	Minnesota	120	Oregon	163	Wisconsin	213
Hawaii	82	Mississippi	123	Pennsylvania	164	Wyoming	216

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Medicare Renal Provider Statistics, By Calendar Years: 1973-88

Calendar Year	Total Providers	Total Hosp-Based Providers	Hospital Dialysis Providers	Independent Providers	Transplant Providers	For Profit Providers	Approved Outpatient Stations
07/73	606	538	--	68	167	--	--
12/74	684	544	--	140	--	--	--
12/75	779	--	--	157	--	--	--
12/76	840	650	--	190	163	--	7,093
12/77	860	610	--	250	141	--	8,754
12/78	909	634	623	275	149	--	10,266
12/79	975	646	630	329	153	--	10,862
12/80	1,054	649	636	405	151	343	12,329
12/81	1,162	676	657	486	157	408	13,784
12/82	1,218	690	642	528	159	437	14,436
12/83	1,308	682	620	627	159	504	15,506
12/84	1,368	700	622	668	170	544	16,594
12/85	1,463	715	632	748	178	616	17,845
12/86	1,578	717	639	861	184	715	19,383
12/87	1,701	741	660	960	199	805	21,246
12/88	1,819	753	668	1,066	202	907	22,605

NOTE: Columns do not equal to total. Blanks indicate data not available.

FIGURE 1

TOTAL GROWTH RATE
ALL MEDICARE RENAL PROVIDERS

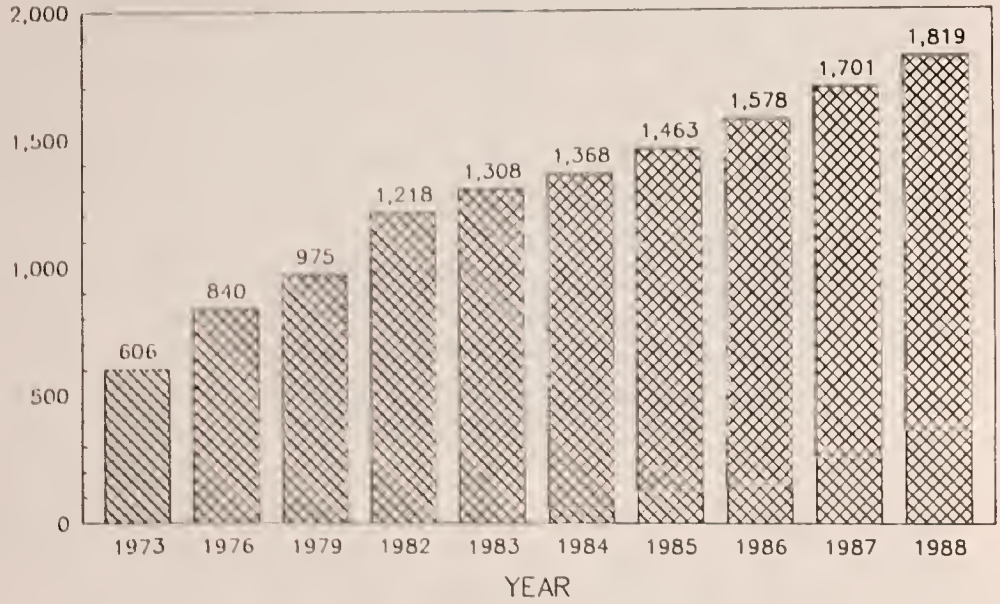


FIGURE 2

DIALYSIS GROWTH RATE
HOSPITAL TO INDEPENDENT

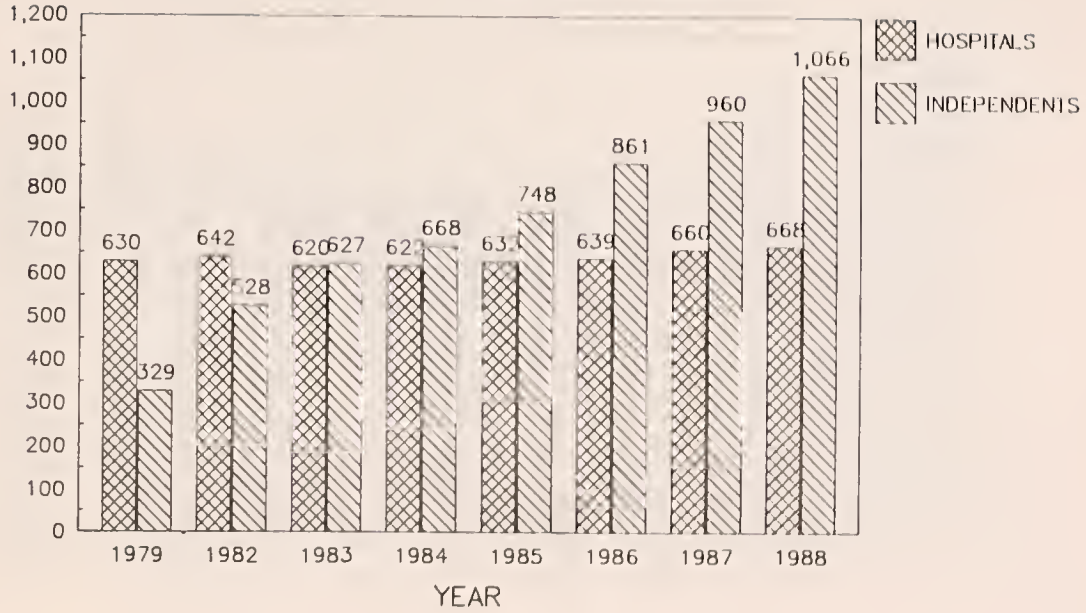


FIGURE 3

TRANSPLANT CENTER GROWTH
RENAL TRANSPLANT PROVIDERS ONLY

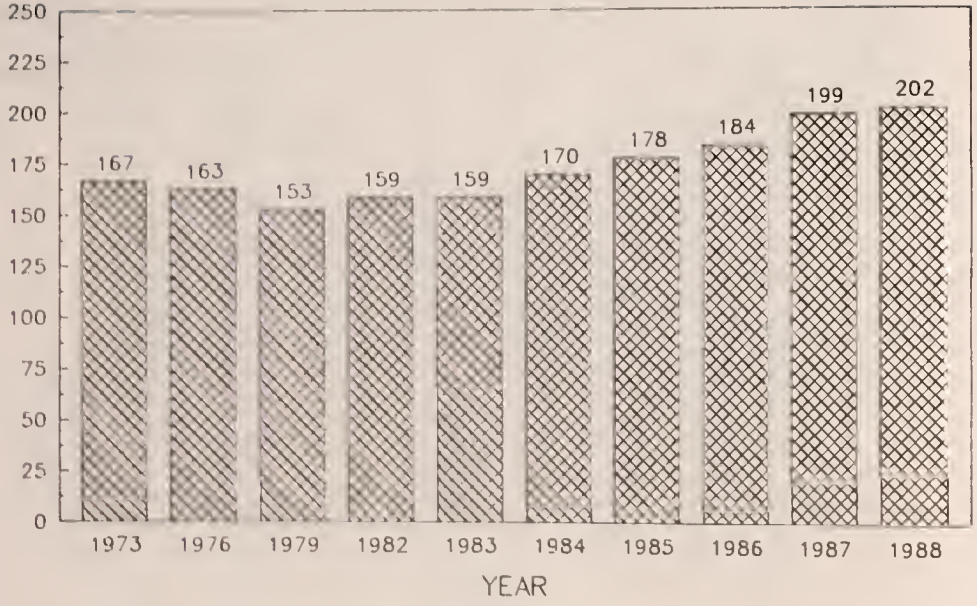


FIGURE 4

DIALYSIS STATIONS GROWTH
MEDICARE APPROVED OUTPATIENT STATIONS

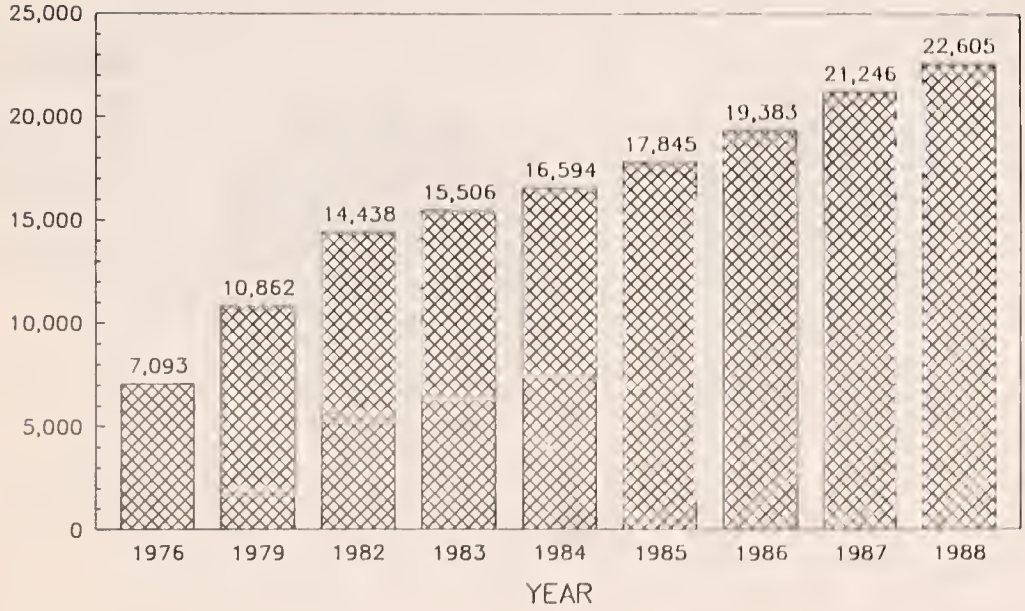
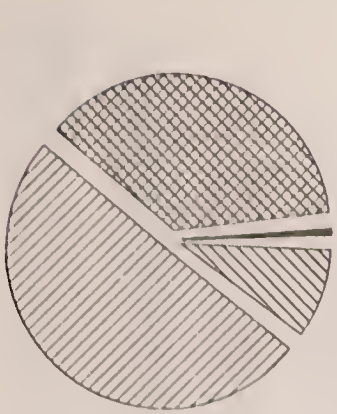
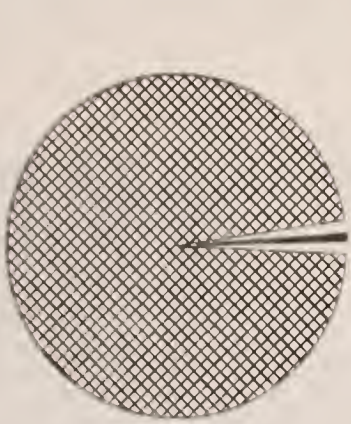


FIGURE 5

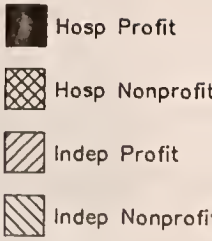
PROFIT AND NONPROFIT
RENAL DIALYSIS AND KIDNEY TRANSPLANT PROVIDERS



DIALYSIS



TRANSPLANT

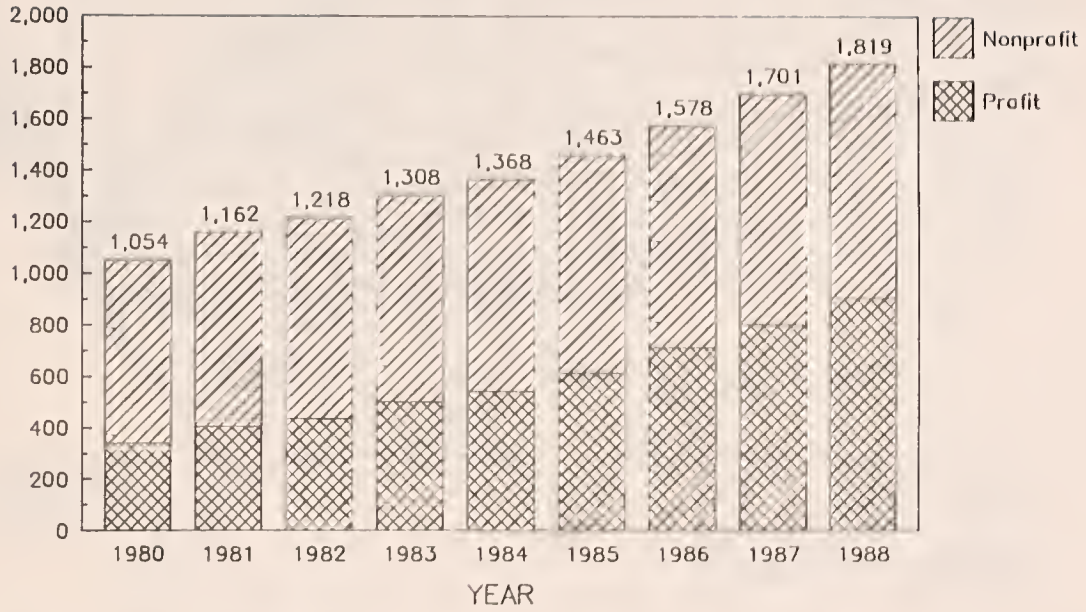


NOTE: Indep refers to independent diolysis providers ond hosp refers to hospitol providers

See Toble 3.

FIGURE 6

PROFIT AND NONPROFIT
TOTAL RENAL PROVIDERS



NOTE: Refer to Medicare Renal Provider Statistics, By Calendar Years 1973–1988

HEALTH CARE FINANCING ADMINISTRATION

REGIONAL OFFICE BOUNDARIES

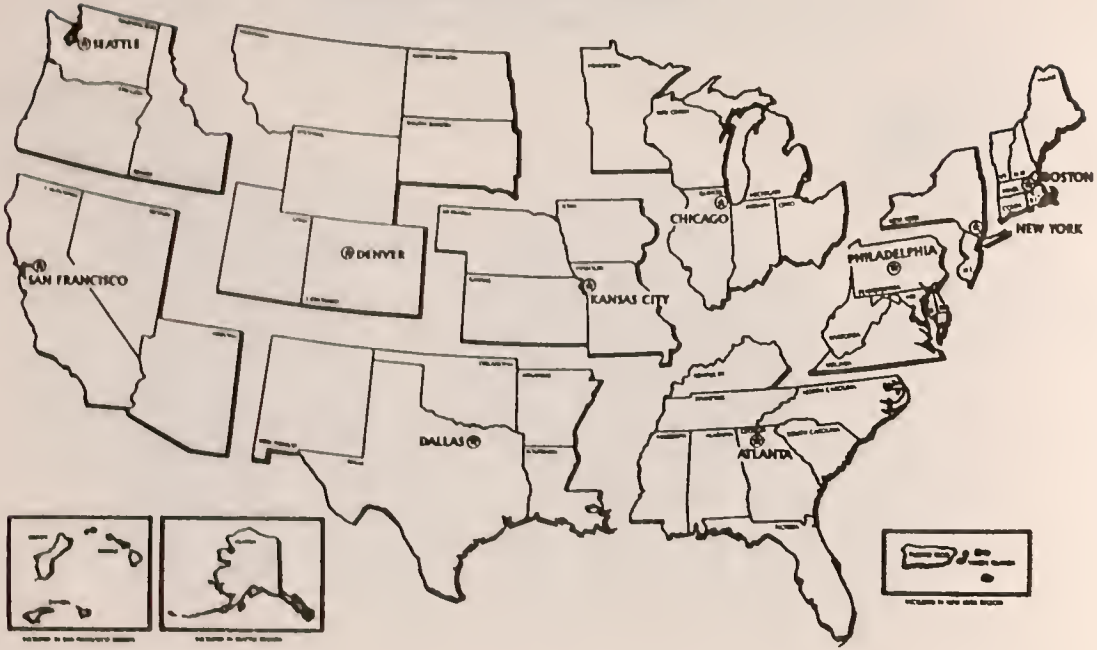


TABLE 1

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND REGION

REGION	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1819	202	1734	668	1066	44	22605
BOSTON	65	13	63	40	23	0	734
NEW YORK	161	18	161	111	50	0	2297
PHILADELPHIA	228	22	220	82	138	8	2834
ATLANTA	413	25	399	55	344	9	5520
CHICAGO	249	38	237	153	84	10	3058
DALLAS	266	32	249	74	175	3	3399
KANSAS CITY	84	17	74	40	34	7	867
DENVER	51	6	49	30	19	0	451
SAN FRANCISCO	261	25	245	63	182	6	3060
SEATTLE	41	6	37	20	17	1	305

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 2

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND REGION

REGION	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1019	1191	915	476	921	265	349
BOSTON	85	55	40	32	40	22	16
NEW YORK	161	116	92	51	86	25	47
PHILADELPHIA	228	159	131	93	135	51	48
ATLANTA	413	219	159	105	170	80	44
CHICAGO	249	175	130	85	138	23	59
DALLAS	268	150	99	30	120	32	59
KANSAS CITY	84	72	50	0	43	37	4
DENVER	51	31	25	20	27	4	7
SAN FRANCISCO	201	102	131	34	127	31	59
SEATTLE	41	24	23	0	13	0	8

TABLE 3

NUMBER OF ESRO PROVIDERS BY PROFIT AND NON-PROFIT AND REGION

REGION	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1819	907	912	0	19	881	649	185
BOSTON	65	20	45	0	0	20	40	3
NEW YORK	161	39	122	0	2	37	109	13
PHILADELPHIA	228	123	105	0	4	119	78	19
ATLANTA	413	279	134	0	3	273	52	71
CHICAGO	249	71	178	0	1	70	152	14
DALLAS	266	175	91	0	6	168	68	7
KANSAS CITY	84	21	63	0	2	19	30	16
DENVER	51	16	35	0	1	14	29	5
SAN FRANCISCO	261	160	101	0	0	158	63	24
SEATTLE	41	3	38	0	0	3	20	14

TABLE 4

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1816	202	1754	668	1066	44	22605
ALASKA	3	0	2	0	2	1	15
ALABAMA	36	2	36	2	33	1	464
ARKANSAS	26	2	25	8	17	1	295
AMERICAN SOMOA	1	0	1	1	0	0	2
ARIZONA	53	4	32	12	20	0	315
CALIFORNIA	206	20	164	40	124	6	2540
MARIANA ISLANDS	1	0	1	0	1	0	5
COLORADO	16	6	16	6	10	0	188
CONNECTICUT	17	2	17	14	6	0	184
DISTRICT OF COLUMBIA	16	5	16	8	8	0	187
DELAWARE	4	0	4	2	2	0	159
FLORIDA	124	4	118	18	100	6	1678
GEORGIA	67	6	66	13	58	0	982
GUAM	1	0	1	1	0	0	5
HAWAII	11	1	11	7	4	0	128
IOWA	14	4	13	11	2	0	153
IDAHO	6	0	6	6	1	0	81
ILLINOIS	78	8	71	63	68	7	1042
INDIANA	80	2	80	20	10	0	349
KANSAS	16	2	12	1	11	2	189
KENTUCKY	21	6	20	7	13	0	210
LOUISIANA	61	6	58	10	48	0	709
MASSACHUSETTS	51	6	26	18	11	0	931
MARYLAND	41	3	40	10	30	1	532
MAINE	5	1	5	3	2	0	58
MICHIGAN	48	10	39	27	12	2	596
MINNESOTA	24	4	24	22	2	0	280
MISSOURI	44	9	40	20	20	3	454

SEE FOOTNOTE AT END OF TABLE.

TABLE 4

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
MISSISSIPPI	25	1	25	2	23	0	320
MONTANA	5	0	5	4	1	0	44
NORTH CAROLINA	45	5	45	8	37	0	757
NORTH DAKOTA	7	0	7	7	0	0	53
NEBRASKA	10	2	8	7	1	2	74
NEW HAMPSHIRE	5	0	5	2	3	0	46
NEW JERSEY	31	3	31	24	7	0	506
NEW MEXICO	17	2	15	8	7	0	146
NEVADA	4	0	4	2	2	0	57
NEW YORK	110	13	110	77	33	0	1405
OHIO	46	11	46	30	16	0	587
OKLAHOMA	27	6	26	20	6	0	229
OREGON	10	1	10	6	4	0	125
PENNSYLVANIA	100	9	93	39	54	7	1172
PUERTO RICO	18	1	19	8	10	0	209
RHODE ISLAND	6	0	6	2	4	0	103
SOUTH CAROLINA	42	1	41	1	40	1	520
SOUTH DAKOTA	9	0	9	9	0	0	49
TENNESSEE	53	4	49	4	45	1	613
TEXAS	136	16	126	28	98	2	2032
UTAH	13	3	12	5	7	0	109
VIRGINIA	53	3	53	16	37	0	637
VIRGIN ISLANDS	2	1	2	2	0	0	17
VERMONT	1	1	1	1	0	0	14
WASHINGTON	22	5	19	9	10	0	194
WISCONSIN	29	3	28	22	6	1	267
WEST VIRGINIA	14	2	14	7	7	0	137
WYOMING	1	0	1	0	1	0	7

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNI
TOTALS	1018	1191	915	479	921	285	349
ALASKA	9	1	1	1	0	0	1
ALABAMA	36	26	20	17	24	14	6
ARKANSAS	28	21	15	4	18	9	6
AMERICAN SOMOA	1	0	0	0	0	0	0
ARIZONA	39	24	19	8	14	3	8
CALIFORNIA	209	148	104	24	104	26	45
MARIANA ISLANDS	1	0	0	0	0	0	0
COLORADO	19	11	11	10	9	3	2
CONNECTICUT	17	17	15	8	19	2	6
DISTRICT OF COLUMBIA	19	8	6	3	8	0	2
DELAWARE	4	3	2	2	2	1	0
FLORIDA	124	71	49	24	52	13	11
GEORGIA	97	42	33	24	38	12	15
GUAM	1	1	1	0	0	0	0
HAWAII	11	4	4	1	4	2	5
IOWA	14	13	13	1	10	9	0
IDAHO	6	3	3	0	1	0	0
ILLINOIS	78	58	49	32	43	15	33
INDIANA	90	21	17	7	12	0	6
KANSAS	16	12	11	2	7	6	0
KENTUCKY	21	12	7	4	11	2	2
LOUISIANA	91	39	29	3	16	12	10
MASSACHUSETTS	31	23	19	19	19	13	4
MARYLAND	41	28	21	18	21	12	11
MAINE	6	6	5	2	4	2	0
MICHIGAN	43	30	27	18	27	3	6
MINNESOTA	24	8	6	3	8	1	1
MISSOURI	44	38	36	4	22	19	4

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
MISSISSIPPI	25	8	7	5	8	1	2
MONTANA	5	4	4	2	4	1	1
NORTH CAROLINA	45	22	20	13	18	10	3
NORTH DAKOTA	7	4	3	0	4	0	0
NEBRASKA	10	9	8	1	4	3	0
NEW HAMPSHIRE	5	4	3	3	4	3	2
NEW JERSEY	31	25	24	20	21	11	20
NEW MEXICO	17	12	5	3	11	0	4
NEVADA	4	4	2	1	4	0	1
NEW YORK	110	82	60	27	58	13	22
OHIO	46	33	24	14	27	1	5
OKLAHOMA	27	11	8	3	10	6	2
OREGON	10	9	8	4	5	0	2
PENNSYLVANIA	100	73	62	50	67	29	29
PUERTO RICO	10	9	8	4	7	1	5
RHODE ISLAND	6	5	5	3	4	1	3
SOUTH CAROLINA	42	13	7	7	11	2	1
SOUTH DAKOTA	9	3	0	0	3	0	0
TENNESSEE	53	25	19	12	16	6	4
TEXAS	136	82	46	25	74	8	37
UTAH	13	8	8	7	6	0	4
VIRGINIA	53	37	34	16	29	6	5
VIRGIN ISLANDS	2	0	0	0	0	0	0
VERMONT	1	1	1	0	1	1	1
WASHINGTON	22	11	11	3	7	0	3
WISCONSIN	29	25	17	12	19	3	8
WEST VIRGINIA	14	10	6	4	8	3	1
WYOMING	1	1	0	1	1	0	0

TABLE 5

NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT

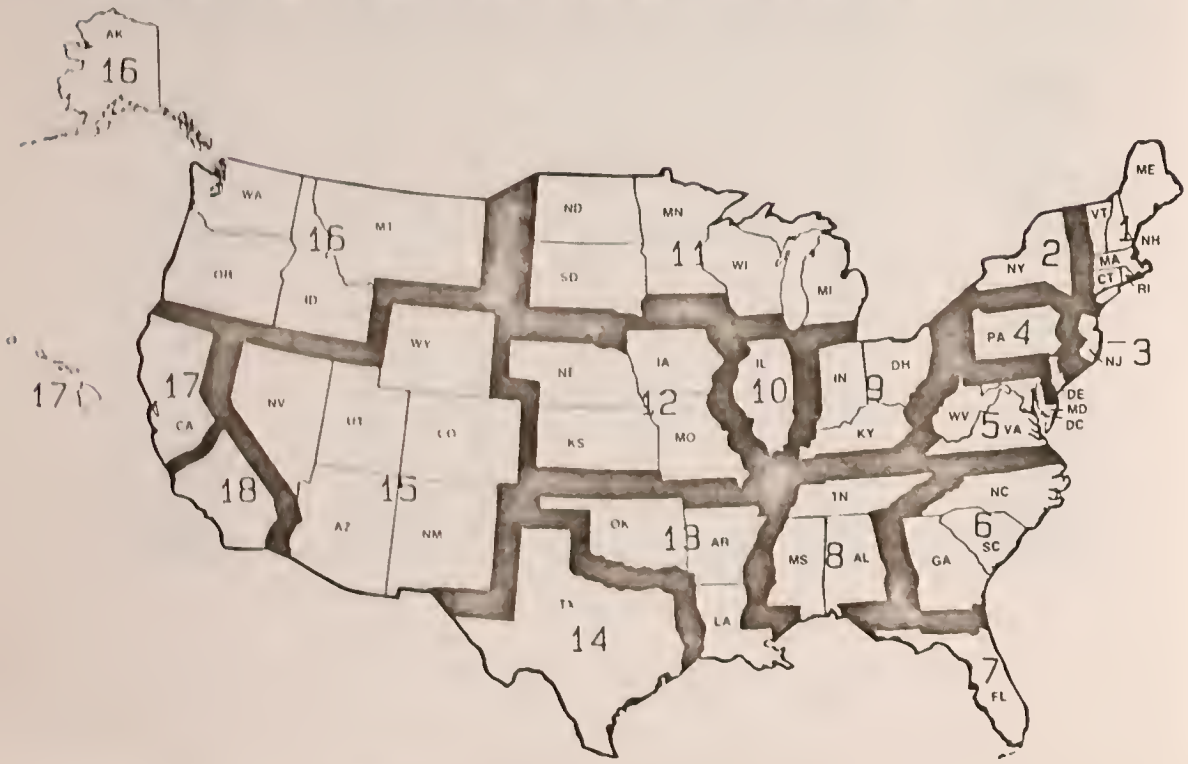
STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1018	907	812	0	19	881	549	185
ALASKA	3	0	3	0	0	0	0	2
ALABAMA	36	29	7	0	0	29	2	4
ARKANSAS	26	16	10	0	0	16	0	1
AMERICAN SOMOA	1	0	1	0	0	0	1	0
ARIZONA	33	15	18	0	0	15	12	5
CALIFORNIA	208	138	11	0	0	136	40	10
MARIANA ISLANDS	1	0	1	0	0	0	0	1
COLORADO	16	11	5	0	0	10	5	0
CONNECTICUT	17	3	14	0	0	3	14	0
DISTRICT OF COLUMBIA	16	8	8	0	0	8	0	0
DELAWARE	4	3	1	0	1	2	1	0
FLORIDA	124	94	30	0	3	88	15	12
GEORGIA	61	45	22	0	0	45	13	0
GUAM	1	0	1	0	0	0	1	0
HAWAII	11	4	7	0	0	4	7	0
IOWA	14	2	12	0	0	2	11	0
IDAHO	6	0	6	0	0	0	5	1
ILLINOIS	78	37	41	0	0	37	33	1
INDIANA	30	10	20	0	0	10	20	0
KANSAS	15	10	5	0	0	10	1	1
KENTUCKY	21	5	16	0	0	5	7	0
LOUISIANA	61	45	13	0	0	48	10	0
MASSACHUSETTS	31	9	22	0	0	9	18	2
MARYLAND	41	24	17	0	1	23	9	7
MAINE	5	2	3	0	0	2	3	0
MICHIGAN	43	8	35	0	0	8	27	4
MINNESOTA	24	0	24	0	0	0	22	2
MISSOURI	44	9	35	0	2	7	18	13

TABLE 6

NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
MISSISSIPPI	25	9	16	0	0	9	2	14
MONTANA	5	0	5	0	0	0	4	1
NORTH CAROLINA	45	36	9	0	0	36	8	1
NORTH DAKOTA	7	1	6	0	1	0	6	0
NEBRASKA	10	0	10	0	0	0	7	1
NEW HAMPSHIRE	5	3	2	0	0	3	2	0
NEW JERSEY	31	8	23	0	1	7	23	0
NEW MEXICO	17	8	9	0	2	6	6	1
NEVADA	4	2	2	0	0	2	2	0
NEW YORK	110	20	90	0	0	20	77	13
OHIO	46	10	36	0	1	9	29	7
OKLAHOMA	27	7	20	0	1	6	19	0
OREGON	10	3	7	0	0	3	6	1
PENNSYLVANIA	100	48	52	0	1	47	30	7
PUERTO RICO	18	11	7	0	1	10	7	0
RHODE ISLAND	6	3	3	0	0	3	2	1
SOUTH CAROLINA	42	34	8	0	0	34	1	6
SOUTH DAKOTA	9	0	9	0	0	0	9	0
TENNESSEE	53	27	26	0	0	27	4	18
TEXAS	136	97	39	0	3	93	25	6
UTAH	13	3	10	0	0	3	5	4
VIRGINIA	53	35	18	0	0	35	16	2
VIRGIN ISLANDS	2	0	2	0	0	0	2	0
VERMONT	1	0	1	0	0	0	1	0
WASHINGTON	22	0	22	0	0	0	9	10
WISCONSIN	29	6	23	0	0	9	22	0
WEST VIRGINIA	14	5	9	0	1	4	6	3
WYOMING	1	1	0	0	0	1	0	0

ESRD NETWORKS AS OF JANUARY 1, 1988



- Puerto Rico and Virgin Islands are part of Network 3
- Hawaii, Guam, American Samoa are part of Network 17

TABLE 7

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND NETWORK

NETWORK	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1819	202	1734	668	1066	44	22605
01	65	13	63	40	23	0	734
02	110	13	110	77	33	0	1405
03	51	5	51	34	17	0	892
04	104	9	97	41	59	7	1331
05	124	13	123	41	82	1	1503
06	154	11	152	22	130	1	2239
07	124	4	118	18	100	6	1676
08	114	7	109	8	101	2	1395
09	97	16	99	57	39	0	1146
10	78	8	71	33	38	7	1042
11	112	17	107	87	20	3	1165
12	83	17	73	39	34	7	864
13	113	14	108	38	70	1	1223
14	137	16	127	28	99	2	2036
15	84	12	79	32	47	0	823
16	46	6	42	24	18	1	429
17	91	8	87	28	59	0	1032
18	132	13	121	21	100	6	1650

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE ADAIN COUNTED IN DIALYSIS.

TABLE 8

NUMBER OF ESRD PROVIDER BY TRAINING SERVICE AND NETWORK

NETWORK	TOTAL PROVIDING	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1018	1131	915	476	921	285	349
01	65	55	48	32	48	22	19
02	110	92	80	27	58	13	22
03	91	84	82	24	20	12	25
04	104	76	64	52	69	30	29
05	124	83	87	41	86	21	19
06	154	11	60	44	87	24	19
07	124	71	46	24	52	13	11
08	114	55	46	34	48	21	12
09	87	66	48	25	50	3	13
10	18	58	48	32	49	15	33
11	112	10	52	33	81	7	15
12	83	72	68	8	43	37	4
13	113	65	49	10	44	24	18
14	151	82	46	25	74	8	37
15	84	60	45	30	45	9	19
16	46	28	27	10	17	1	7
17	91	70	59	11	55	15	27
18	132	83	50	14	55	13	23

TABLE 9

NUMBER OF ESRD PROVIDERS BY PROFIT AND NONPROFIT AND NETWORK

NETWORK	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1019	907	912	0	19	888	849	105
01	65	20	45	0	0	20	40	3
02	110	20	90	0	0	20	77	13
03	51	19	32	0	2	17	32	0
04	104	51	53	0	2	49	38	7
05	124	72	52	0	2	70	38	12
06	154	115	39	0	0	115	22	15
07	124	94	30	0	3	88	15	12
08	114	65	49	0	0	65	8	36
09	97	25	72	0	1	24	56	15
10	78	37	41	0	0	37	33	1
11	112	15	97	0	1	14	88	6
12	83	21	62	0	2	19	37	15
13	113	70	43	0	1	69	37	1
14	137	98	39	0	3	94	25	5
15	84	40	44	0	2	37	30	10
16	46	3	43	0	0	3	24	15
17	91	47	44	0	0	47	28	12
18	132	95	37	0	0	93	21	7

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

CONTINUOUS AMBULATORY PERITONEAL DIALYSIS - (CAPD) CAPD is a continuous dialysis process using the patient's peritoneal membrane as a dialyzer. The patient connects a 2-liter plastic bag of dialysate to a surgically implanted indwelling catheter and allows the dialysate to pour into his peritoneal cavity. Four to six hours later the patient drains the fluid out into the same bag, and replaces the old bag with a new bag of fresh dialysate. This is done three to five times a day.

CONTINUOUS CYCLING PERITONEAL DIALYSIS - (CCPD) CCPD is a treatment modality which combines the advantages of the long dwell, continuous steady state dialysis of CAPD, with the advantages of automation inherent in intermittent peritoneal dialysis. The major difference beween CCPD and CAPD is that the solution exchanges which are performed manually during the day by the patient on CAPD are moved to the nighttime with CCPD and are performed automatically with a peritoneal dialysis cycler. The long nighttime dwell of CAPD is moved to the daytime with CCPD.

CROSS-REFER NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - (HEMO) A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

INPATIENT ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

ESRD NETWORK/RENAL NETWORK An approved organized group of ESRD providers in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served.

PERITONEAL DIALYSIS - (PERI) A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdominal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
26 in 3rd and 4th positions = Independent renal facilities
33 in 3rd and 4th positions = Children's hospital
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Example:
01 0001 Hospital in Alabama
05 2500 Independent in California
14 3500 Hospital Satellite in Illinois

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical specialty services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

STATE-ALABAMA

RE ALABAMA RENAL CLINIC INC 1001 LEIGHTON AVE, P O BOX 666 ANNISTON, AL 36202 PROVIDER NO: 012580	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: HEMO PERI SELF-CARE HEMO TRAINING: PERI CAPD CCPD	DATE APPROVED: 010787 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (205)237-5503
COMMUNITY DIALYSIS SERVICES 1009 W MARKET ST, SUITE 17 ATHENS, AL 35611 PROVIDER NO: 012817	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE TRAINING: HEMO PERI CAPD	DATE APPROVED: 012183 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (205)233-4730
BESSEMER KIDNEY CTR 850 MEDICAL CENTER DR BESSEMER, AL 35020 PROVIDER NO: 015654	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 032280 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (205)783-3039
UNIVERSITY OF ALABAMA HOSP- 1808 5TH AVE SOUTH BIRMINGHAM, AL 35294 PROVIDER NO: 010008	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 020176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012300	HCFA REGION: 04 TOTAL STATIONS: 042 RENAL NETWORK: 06 PHONE: (205)934-4444
COMMUNITY DIALYSIS SERVICES OF BIRM 1101 E PARK DRIVE BIRMINGHAM, AL 35235 PROVIDER NO: 012500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE TRAINING: HEMO CAPD	DATE APPROVED: 062879 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (205)833-6003
THE NORWOOD CLINIC INC 1558 N 36TH ST-P O. BOX 55020 BIRMINGHAM, AL 35255 PROVIDER NO: 012815	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 120282 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (205)250-6874
ALABAMA DIALYSIS SERVICES 700 CITICO AVE BIRMINGHAM, AL 35211 PROVIDER NO: 012856	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091885 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE: (205)783-3039
CHILDREN HOSPITAL OF ALABAMA 1601 5TH AVE SOUTH BIRMINGHAM, AL 35233 PROVIDER NO: 015300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF CARE. TRAINING: HEMO CAPD	DATE APPROVED: 111782 OWNERSHIP: NORPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012300	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE: (205)939-3275
RIVERCHASE DIALYSIS CENTER 140 RIVERCHASE PARKWAY E BIRMINGHAM, AL 35244 PROVIDER NO: 015520	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091786 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (205)985-0567
DIALYSIS FACILITY OF SOUTH ALABAMA 1205 BELLEVILLE AVENUE BRENTON, AL 36425 PROVIDER NO: 012510	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: HEMO PERI SELF-CARE TRAINING: HEMO PERI CAPD	DATE APPROVED: 022580 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (205)867-3607
VALLEY DIALYSIS CENTER INC. 1808 CANRIOALE ST DECATUR, AL 35601 PROVIDER NO: 012518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED. HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 120783 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE: (205)350-1853

COMMUNITY DIALYSIS SVCS OF DOTHAN
1513 EAST MAIN ST
DOTHAN, AL 36301
PROVIDER NO: 012506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 112677
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 00
PHONE: (205)793-4077

DIALYSIS CLINIC INC
1402 E MAIN ST
DOTHAN, AL 36301
PROVIDER NO: 012521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 081185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 018
RENAL NETWORK: 00
PHONE: (205)793-3819

DIALYSIS CLINICS
502 PLAZA DRIVE
ENTERPRISE, AL 36330
PROVIDER NO: 012527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 070486
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 00
PHONE: (205)347-0233

DIALYSIS CLINIC INC EUFAULA
BARBOUR & RANDOLPH
EUFAULA, AL 36027
PROVIDER NO: 012582

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 112887
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 007
RENAL NETWORK: 00
PHONE: (205)687-7071

FLORENCE DIALYSIS CLINIC INC
216 MARENGO SUITE I
FLORENCE, AL 35630
PROVIDER NO: 012529

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 091886
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 00
PHONE: (205)764-6060

COMMUNITY DIALYSIS SVCS-N CENTRAL AL
401 S FIRST ST
GADSDEN, AL 35901
PROVIDER NO: 012501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 080178
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 00
PHONE: (205)547-2457

NORTH ALA NEPHROLOGY CENTER
411 ENGEL DRIVE
HUNTSVILLE, AL 35801
PROVIDER NO: 012509

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 071679
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 00
PHONE: (205)536-0571

HUNTSVILLE DIALYSIS CTR
2325 PANSY ST, SUITE C
HUNTSVILLE, AL 35801
PROVIDER NO: 012522

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 092085
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 017
RENAL NETWORK: 00
PHONE: (205)536-4626

DIALYSIS FACILITY OF JACKSON
200 WALNUT ST
JACKSON, AL 36545
PROVIDER NO: 012531

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 012987
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 00
PHONE: (205)246-6667

WALKER CTY DIALYSIS FACILITY
818 PARKLAND SHIPPING CTR,BOX 11364
JASPER, AL 35202
PROVIDER NO: 012533

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:

DATE APPROVED: 122987
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 00
PHONE: (205)221-1066

BMA OF CHATTAHOOCHEE INC
SUITE 13 MEDICAL PARK
LANGDALE, AL 36064
PROVIDER NO: 012513

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021201
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 00
PHONE: (205)433-2170

STATE=ALABAMA CONTINUED

DR MEDICAL APPLICATION OF MOBILE
1965 RAINTREE AVE
MOBILE, AL 36604
PROVIDER NO: 012507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING

DATE APPROVED: 010478
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER TO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 06
PHONE: (205)433-2170

PROVIDENCE DIALYSIS FAC-EAST
1653 SPRINGHILL AVE
MOBILE, AL 36604
PROVIDER NO: 012554

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO
SELF-CARE
TRAINING: HEMO CAPD

DATE APPROVED: 120185
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 021
RENAL NETWORK: 06
PHONE: (205)438-7750

PROVIDENCE DIALYSIS FAC-WEST
500 HILLCREST RD
MOBILE, AL 36608
PROVIDER NO: 012625

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING

DATE APPROVED: 120285
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (205)633-2581

ST MARGARETS HOSP
510 S RIPLEY ST, P O BOX 81
MONTGOMERY, AL 36104
PROVIDER NO: 010081

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: HEMO

DATE APPROVED: 110178
OWNERSHIP: SOSPROFIT
INTERMEDIARY: 00010
CROSS-REFER NO: 012807

HCFA REGION: 04
TOTAL STATIONS: 000
RENAL NETWORK: 06
PHONE: (205)269-8000

MONTGOMERY NEPHROLOGY REFERRAL CENTER
305 SOUTH RIPLEY ST SUITE 3000
MONTGOMERY, AL 36101
PROVIDER NO: 010800

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO
SELF CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 050176
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 026
RENAL NETWORK: 06
PHONE: (205)269-1028

COMMUNITY DIALYSIS RVCR-MERIDAL AL
2800 OVERSOSR DR
MONTGOMERY, AL 36111
PROVIDER NO: 010505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: HEMO PISI CAPD CCPD

DATE APPROVED: 121477
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (205)281-5682

OPELIKA NEPHROLOGY REFERRAL CENTER INC
129 NORTH 30TH STREET
OPELIKA, AL 36803
PROVIDER NO: 012818

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: CAPD

DATE APPROVED: 050782
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (205)749-5085

COMMUNITY DIALYSIS CTR OF PHENIX CITY
1521 5TH AVE
PHENIX CITY, AL 36867
PROVIDER NO: 012814

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO
SELF CARE:
TRAINING: PISI CAPD

DATE APPROVED: 031881
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (205)297-4166

PHENIX CITY NEPHROLOGY CTR
1500 OPELIKA RD
PHENIX CITY, AL 36867
PROVIDER NO: 012925

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO PESI
SELF-CARE
TRAINING: CAPD

DATE APPROVED: 082385
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (205)298-1941

SCOTTSBORO DIALYSIS CTR INC
319 PARKS AVE
SCOTTSBORO, AL 35768
PROVIDER NO: 012515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING

DATE APPROVED: 110584
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE: (205)593-4626

SELMA NEPHROLOGY REFERRAL CTR INC
1015 MEDICAL CENTER PARKWAY
SELMA, AL 36701
PROVIDER NO: 012815

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: CAPD

DATE APPROVED: 082580
OWNERSHIP: PROFIT
INTERMEDIARY: 00010
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 011
RENAL NETWORK: 08
PHONE: (205)874-9021

COMMUNITY DIALYSIS SVCS-NW ALABAMA 1110 SO MONTGOMERY SHEFFIELD, AL 35660 PROVIDER NO: 012503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 101077 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 08 PHONE: (205)383-4020
TROY NEPHROLOGY REFERRAL CTR 1001 S FRANKLIN DR TROY, AL 36081 PROVIDER NO: 012520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111084 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 08 PHONE: (205)566-7266
REGIONAL DIALYSIS CTR OF DCH INC 618 UNIVERSITY BLVD-P.O. BOX 2382 TUSCALOOSA, AL 35401 PROVIDER NO: 012502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 102177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 08 PHONE: (205)758-4775

STATE-ALASKA

PROVIDENCE HOSPITAL	FACILITY TYPE: INPATIENT UNIT	DATE APPROVED: 090177	HCFA REGION: 10
3200 PROVIDENCE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
ANCHORAGE, AK 99508	SELF CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 16
PROVIDER NO: 050001	TRAINING	CROSS-REFER NO:022300	PHONE:(907)562-2211
ALASKA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 10
4201 LUCOR CENTRE DR #220	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
ANCHORAGE, AK 99508	SELF-CARE: HEMO PERI	INTERMEDIARY: 00430	RENAL NETWORK: 16
PROVIDER NO: 022500	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(907)563-3148
NORTHERN ALASKA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062785	HCFA REGION: 10
1650 COWLES ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
FAIRBANKS, AK 99701	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 16
PROVIDER NO: 022502	TRAINING:	CROSS-REFER NO:	PHONE:(907)452-8181

LBJ TROPICAL MEDICAL CENTER
VILLAGE OF FAGAALU
PAGO PAGO, AS 96799
PROVIDER NO: 640001

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082402
OWNERSHIP: NONPROFIT
INTERMEDIARY: 17120
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 002
RENAL NETWORK: 17
PHONE: (684)633-1222

STATE-ARIZONA

CHANDLER COMMUNITY DIALYSIS CTR 475 S DOBSON RD CHANDLER, AZ 85224 PROVIDER NO: 032516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: NEMO TRAINING: NEMO PERI CARD	DATE APPROVED: 032486 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE: (602)821-3714
CHINLE DIALYSIS FACILITY PHS INDIAN HOSP/P.O. BOX 876 CHINLE, APACHE, AZ 86503 PROVIDER NO. 032518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: NEMO TRAINING: NEMO	DATE APPROVED: 041487 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 15 PHONE: (602)674-5252
FLAGSTAFF DIALYSIS CENTER 520 NORTH BEAVER FLAGSTAFF, AZ 86001 PROVIDER NO: 032524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO PERI SELF-CARE: NEMO PERI TRAINING: NEMO PERI	DATE APPROVED: 082688 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE: (602)733-1416
GLENDALE OUTPATIENT DIALYSIS CTR 6004 W NORTHERN AVE GLENDALE, AZ 85301 PROVIDER NO: 033502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 15 PHONE: (602)939-3371
GLENDALE CENTER OF GLENDALE 5847 W. NORTHERN AVENUE GLENDALE, AZ 85301 PROVIDER NO: 033521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO PERI SELF-CARE: NEMO PERI TRAINING: NEMO PERI	DATE APPROVED: 091587 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE: (602)974-5851
HAVASU REGIONAL HOSPITAL-EMHO 101 CIVIC CIRCLE LANE LAKE HAVASU CITY, AZ 86403 PROVIDER NO: 030068	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: NEMO SELF-CARE: TRAINING:	DATE APPROVED: 081387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO: 032310	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 15 PHONE: (602)855-8185
HAVAPACHE DIALYSIS CTR HWY 260, STE 3, HADON WHEEL PL LAKESIDE, AZ 85929 PROVIDER NO: 032515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: NEMO	DATE APPROVED: 092085 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 15 PHONE: (602)537-7119
DESERT SAMARITAN HOSP & HLTH CTR 1400 SOUTH DOBSON ROAD MESA, AZ 85202 PROVIDER NO: 030065	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: NEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO: 032305	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 15 PHONE: (602)835-3000
EAST VALLEY DIALYSIS SERVICES 4539 EAST BASEWOOD, SUITE 115 MESA, AZ 85206 PROVIDER NO: 032508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: NEMO PERI TRAINING: NEMO PERI	DATE APPROVED: 110882 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 15 PHONE: (602)985-4911
DOBSON MESA MEM OUTPATIENT DIAL FAC 1500 SOUTH DOBSON RD MESA, AZ 85202 PROVIDER NO: 033501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 15 PHONE: (602)835-3274
PARKER DIALYSIS CENTER AGENCY RD & PARKER INN PARKER, AZ 85334 PROVIDER NO: 032522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO PERI SELF-CARE: NEMO PERI TRAINING:	DATE APPROVED: 072088 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE: (602)937-0484

PHOENIX ARTIFICIAL KIDNEY CENTER
1846C N 54TH DRIVE-J1
PEORIA, AZ 85345
PROVIDER NO: 032503

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 032676
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 15
PHONE: (602)974-1763

0000 SAMARITAN MED CTR
1111 E. MCDOWELL RD,925 BLDG
PHOENIX, AZ 85006
PROVIDER NO: 030002

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:032300

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 15
PHONE: (602)257-2607

MARICOPA MEDICAL CENTER
2601 E ROOSEVELT
PHOENIX, AZ 85006
PROVIDER NO: C80022

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 001577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:032302

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 15
PHONE: (602)267-6011

ST JOSEPHS HOSP & MEDICAL CENTER
350 N THOMAS RD
PHOENIX, AZ 85013
PROVIDER NO: 030024

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 123176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:032304

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE: (602)241-3000

SOUTH PHOENIX DIALYSIS SVCS
1332 SOUTH 5TH AVE
PHOENIX, AZ 85003
PROVIDER NO: 032508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 122881
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 013
RENAL NETWORK: 16
PHONE: (602)253-1054

LINCOLN DIALYSIS CENTER
34 EAST SUNNYSLOPE LANE
PHOENIX, AZ 85020
PROVIDER NO: 032510

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 112302
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE: (602)944-0707

PHOENIX OUT PATIENT DIALYSIS CTR
1021 EAST WILLETTA
PHOENIX, AZ 85020
PROVIDER NO: 033500

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 001277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 021
RENAL NETWORK: 15
PHONE: (602)257-4777

CENTRAL KIDNEY SERVICES
5421 NORTH 7TH AVE
PHOENIX, AZ 85013
PROVIDER NO: 032517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD

DATE APPROVED: 062706
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 014
RENAL NETWORK: 15
PHONE: (602)274-2200

SCOTTSDALE DIALYSIS CENTER
7321 E OSBORN RD
SCOTTSDALE, AZ 85251
PROVIDER NO: 032504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 060779
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 15
PHONE: (602)994-1445

DESERT MOUNTAIN DIALYSIS
9220 EAST MOUNTAIN VIEW RD
SCOTTSDALE, AZ 85258
PROVIDER NO: 052525

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 092600
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 011
RENAL NETWORK: 15
PHONE: (602)461-9601

SELLS DIALYSIS CENTER
HWY 86, INDIAN HEALTH SERVICE HOSP
SELLS, AZ 85634
PROVIDER NO: 032513

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 032086
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 001
RENAL NETWORK: 15
PHONE: (602)837-3363

SIERRA VISTA DIALYSIS CENTER
514 CANYON DRIVE
SIERRA VISTA, AZ 85634
PROVIDER NO: 032520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 050487
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 005
RENAL NETWORK: 15
PHONE: (602)459-7781

SUBA CITY DIALYSIS UNIT
CEDAR RT, P O BOX 2905
SUBA CITY, AZ 86045
PROVIDER NO: 032504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 061581
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE: (602)283-4525

ST MARYS HOSP & HEALTH CTR
1601 W ST MARYS RD
TUCSON, AZ 85705
PROVIDER NO: 030010

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 030882
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO: 032307

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 15
PHONE: (602)622-5833

UNIV HOSP ARIZONA HLTH SCIENCES CTR
1501 N CAMPBELL
TUCSON, AZ 85724
PROVIDER NO: 030084

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING:

DATE APPROVED: 091277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO: 032304

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE: (602)626-6491

VA HOSP
3601 S 6TH ST
TUCSON, AZ 85723
PROVIDER NO: 030139

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 082977
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CROSS-REFER NO: 032305

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 15
PHONE: (602)792-1450

ARTIFICAL KIDNEY CENTER WEST
1100 WEST ANKLAM ROAD
TUCSON, AZ 85745
PROVIDER NO: 032500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 081277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 15
PHONE: (502)881-4463

ARTIFICAL KIDNEY CENTER EAST
900 N WYATT RD
TUCSON, AZ 85712
PROVIDER NO: 032501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 030678
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 027
RENAL NETWORK: 15
PHONE: (602)881-3363

OLSENT DIALYSIS CLINIC
3022 EAST PRINCE RD
TUCSON, AZ 85716
PROVIDER NO: 032514

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 073185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 15
PHONE: (602)327-0007

ST JOSEPH'S HOSP & HLTH CTR-ESHO
350 N WILMOT ROAD
TUCSON, AZ 85732
PROVIDER NO: 030011

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080387
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO: 032309

HCFA REGION: 09
TOTAL STATIONS: 003
RENAL NETWORK: 15
PHONE: (602)296-3211

TUCSON MEDICAL CENTER
3501 EAST GRANT
TUSCON, AZ 85712
PROVIDER NO: 030008

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 040886
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00030
CROSS-REFER NO: 032308

HCFA REGION: 09
TOTAL STATIONS: 003
RENAL NETWORK: 15
PHONE: (602)327-5461

COMMUNITY DIALYSIS SERVICES OF YUMA
1290 WEST 24TH ST., SUITE 9
YUMA, AZ 85364
PROVIDER NO: 032502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 100478
OWNERSHIP: PROFIT
INTERMEDIARY: 00030
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE: (602)782-5194

STATE=ARKANSAS

DEORAY NIDREY CENTEN
20E EORTH 26TH STREET
ARKAOELFHIA, AR 71925
PROVIDER NO: 042512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININO: HEMO CAPO

OATE APPROVEO: 091265
OWNERSHIP: PNOFIT
INIENMEOIARY: 00020
CROSS REFER NO:

NCFA REOION: 09
IOTAL SIATIONS: 006
RENAL NETWORK: 13
PHONE: (501)246-3021

DIALYSIS CENTER OF NO. CENTRAL AR
2000 HARRISOK ST, SUITE A
BATESVILLE, AR 72501
PROVIDER 50: 042S16

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININO: CAPO

OATE APPROVEO: 051109
OWNERSNIP: PROFIT
INTERMEOIARY: 00400
CROSS-REFER NO:

NCFA REOION: 06
TOTAL STATIONS: 005
RENAL NETWORK: 13
PHONE: (501)793-7779

CENTRAL ARKAKSAS OIALYSIS
624 N CREEK OR
CONWAY, AR 72032
PROVIOER NO: 042517

FACILITY TYPE: OIALYSIS FACILITY
STAFF-ASSISTEO: HEMO
SELF-CARE:
TRAININO:

OATE APPROVEO: 082380
OWNENSHIP: PROFIT
INTERMEOIARY: 00400
CROSS-REFER NO:

NCFA REOION: 06
IMTAI STATIONR: 004
RENAL NETWORK: 13
PHONE: (501)327-1001

COMMUNITY OIALYSIS SVCS OF EL OORADO
308 1/2 COROELL ST
EL OORADO, AR 71730
PROVIOER NO: 042503

FACILITY TYPE: OIALYSIS FACILITY
STAFF-ASSISTEO: HEMO PERI
SELF-CARE:
TRAININO: HEMO CAPO

OAIE APPNOVEO: 040379
OWNERSHIP: PROFIT
INTERMEOIARY: 00020
CROSS-REFER NO:

NCFA NEOION: 06
TOTAL SIATIONS: 018
RENAL NEIWORK: 13
PHONE: (501)863-0361

KASHINOTON REOIONAL MED CTR
1125 N. COLLEOE
FAYETTEVILLE, AR 72703
PROVIDER NO: 040004

FACILITY TYPE: OIALYSIS CENTER
STAFF-ASSISTEO: HEMO
SELF-CARE:
TRAINIRO: HEMO CAPO

OAIE APPROVEO: 063077
OWNERSHIP: NONPNOFIT
INTERMEOIARY: 00020
CROSS REIER NO:042300

NCFA NEOION: 06
TOTAL STATIONS: 010
RENAL NEIWORK: 13
PHONE: (501)442-1164

SPARKS REOIONAL MEOICAL CENTER
1S11 S EYE ST
FT SMITH, AR 72901
PROVIOER NO: 04C055

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININO:

OATE APPNOVEO: 063177
OWNENSNIP: NONPROFII
INTERMEOIANY: 00020
CROSS-REFER NO:042305

NCFA NEOION: 06
TOTAL SIATIONS: 007
RENAL NETWONN: 13
PHONE: (501)441-4000

HOLY-KROCK DIALYSIS CENTER
1500 OODSON AVE
FT SMITH, AR 72901
PROVIDER KO: 042501

FACILITY TYPE: OIALYEIS FACILITY
STAFF-ASSISTEO: HEMO
SELF-CARE:
TRAIKINO: HEMO CAPO

OAIE APPROVEO: 083177
OWNENSHIP: PROFII
INTERMEOIANY: 00020
CROSS-REFER NO:

NCFA REOION: 06
TOTAL STATIONS: 026
RENAL NETWORK: 1R
PHONE: (501)705-2371

NORTH ARKAKSAS OIALYSIS
123 JAYCEE AVE
HARRISON, AR 72601
PROVIOER NO: 042511

FACILITY TYPE: OIALYSIS FACILIIY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAIBINO:

OATE APPROVEO: 050986
OWNERSHIP: PROFII
INTERMEOIARY: 00020
CHOSS-REFER NO:

NCFA NEOION: 06
TOTAL STAIIONS: 005
RENAL NETWORK: 13
PHONE: (501)365-2290

KIDNEY CARE INC.
P.O. BOX 427
HELENA, AR 72342
PROVIOER XO: 042510

FACILITY TYPE: OIALYSIS FACILITY
STAFF-ASSISTEO: HEMO
SELF-CARE:
TRAININO:

OATE APPNOVEO: 031484
OWNERSHIP: NONPROFIT
INTERMEOIARY: 00020
CROSS-REFER NO:

NCFA NEOION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 13
PHONE: (501)338-6411

OUACHITA REOIONAL OIALYSIS CTR INC
3100 MALVERN AVE. SUITE 103
HOT SPRINOS, AR 71901
PROVIDER NO: 042507

FACILITY TYPE: OIALYSIS FACILITY
STAFF-ASSISTEO: HEMO
SELF-CARE:
TRAININO: HEMO CAPO

OAIE APPROVEO: 041282
OWNERSHIP: PROFIT
INTERMEOIARY: 00020
CROSS-REFER NO:

NCFA NEOION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 13
PHONE: (501)624-0196

ST BERNARDS REOIONAL MEDICAL CTR
P.O. BOX 9320
JONESBORO, AR 72401
PROVIOER NO: 040020

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISIEO: HEMO
SELF-CARE:
TRAININO: HEMO CAPO

OATE APPNOVEO: 090678
OWNENSHIP: NONPHOFIT
INTERMEOIARY: 00020
CROSS-REFER NO:042303

NCFA NEOION: 06
IOTAL STATIONS: 006
RENAL KETWORK: 13
PHONE: (501)972-4477

ST VINCENT INFIRMARY
TWO ST VINCENT CIRCLE
LITTLE ROCK, AR 72205
PROVIDER NO: 040007

FACILITY TYPE: DIALYSIS CLINIC
SIZE-ASSIGNED: HOME PERI
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 041081
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:042311

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 13
PHONE:(501)660-2120

UNIVERSITY OF ARKANSAS HOSP
4301 W MARKHAM
LITTLE ROCK, AR 72205
PROVIDER NO: 040018

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:042302

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 13
PHONE:(501)686-5311

VA MEDICAL CENTER LSNO
4300 W 7TH ST
LITTLE ROCK, AR 72205
PROVIDER NO: 040107

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:042308

HCFA REGION: 06
TOTAL STATIONS: 021
RENAL NETWORK: 13
PHONE:(501)660-2030

BAPTIST MEDICAL CENTER
9601 INTERSTATE 630 EXIT 7
LITTLE ROCK, AR 72204
PROVIDER NO: 040114

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:042309

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 13
PHONE:(501)227-2009

ARKANSAS CHILDREN HOSP
800 MARSHALL ST
LITTLE ROCK, AR 72202
PROVIDER NO: 040117

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: PERI CAPD

DATE APPROVED: 011179
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:042310

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 13
PHONE:(501)370-1813

OTO-MEDICAL APPLICATIONS OF ARKANSAS
5722A W MARKHAM SUITE 11
LITTLE ROCK, AR 72205
PROVIDER NO: 042900

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 020
RENAL NETWORK: 13
PHONE:(501)664-6802

OMA-PULASKI
9 LILI COURT
LITTLE ROCK, AR 72205
PROVIDER NO: 042903

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 13
PHONE:(501)227-7384

ATOSEI DISEASE DIALYSIS CLINIC
1411 NORTH JACKSON
MAGNOLIA, AR 71753
PROVIDER NO: 042915

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090287
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 13
PHONE:(501)234-4945

COMMUNITY DIALYSIS OF MOUNTAIN HOME
521 COLLEGE PLAZA
MOUNTAIN HOME, AR 72653
PROVIDER NO: 042905

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 120379
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 13
PHONE:(501)425-7300

CENTRAL AR DIALYSIS TRANSPLANTATION
2001 PERSHING CIR SUITE 18
N LITTLE ROCK, AR 72114
PROVIDER NO. 042919

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 071087
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 015
RENAL NETWORK: 13
PHONE:(501)758-2944

CONN DIALYSIS CTR OF PINE BLUFF
4400 MULBERRY1
PINE BLUFF, AR 71602
PROVIDER NO: 042906

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 032680
OWNERSHIP: PROFIT
INTERMEDIARY: 00020
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 13
PHONE:(501)534-2211

COMMUNITY DIALYSIS SERVICES 2704 WEST MAIN RUSSELLVILLE, AR 72801 PROVIDER NO: 042508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 100888 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 13 PHONE:(501)968-4687
CENTRAL AR DIALYSIS & TRANSPLANTATION 3210 LANGLEY SEARCY, AR 72143 PROVIDER NO: 042514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072987 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 13 PHONE:(501)268-4400
TEXARKANA RIDGEL DISEASE CTR 422 BEECH STREET TEXARKANA, AR 75502 PROVIDER NO: 042505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PDNI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 050284 OWNERSHIP: PROFIT INTERMEDIARY: 00020 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(501)773-1111
CRITTENDEN MEMORIAL HOSP 200 TYLER ST WEST MEMPHIS, AR 72301 PROVIDER NO: 040042	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00020 CROSS-REFER NO:042504	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(501)735-1500

STATE=CALIFORNIA

ALHAMBRA COMMUNITY DIALYSIS UNIT 106 N RAYMOND AVE ALHAMBRA, CA 91801 PROVIDER NO: 052444	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE: (818)570-1152
ALLOPHRON INC 2081 E CERRITOS AVE, SUITE 8A ANAHEIM, CA 92806 PROVIDER NO: 052505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081777 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE: (714)778-1530
ORANGE CO. DIALYSIS 1850 W. ROMNEYA DR ANAHEIM, CA 92801 PROVIDER NO: 052800	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 18 PHONE: (714)491-5861
CON-VICTOR VALLEY 16800 HWY 18, STE 207 APPLE VALLEY, CA 92307 PROVIDER NO: 052881	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 073080 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 18 PHONE: (619)242-8311
DOLO COUNTRY DIALYSIS CTR 11720 EDUCATION RD AUBURN, CA 95603 PROVIDER NO: 052814	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 020585 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE: (916)823-0676
MERCY HOSP HEMODIALYSIS UNIT 2215 TRUXTUN AVE P.O. BOX 115 BAKERSFIELD, CA 93302 PROVIDER NO: 050255	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO: 052539	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE: (805)327-3371
COMMUNITY DIALYSIS SERV OF BAKERSFIELD 5501 OFFICE PARK DR. STE 5A5 BAKERSFIELD, CA 93309 PROVIDER NO: 052855	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE: (805)232-2244
BAKERSFIELD DIALYSIS CENTER 5145 OFFICE PARK DR BAKERSFIELD, CA 93309 PROVIDER NO: 052870	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081886 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 026 RENAL NETWORK: 18 PHONE: (805)325-4741
HERRICK HOSP & HEALTH CTR 2001 DWIGHT WAY BERKELEY, CA 94704 PROVIDER NO: 050087	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 031387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO: 052375	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 17 PHONE: (415)540-4548
RAYNIDE DIALYSIS CLINIC 2001 DWIGHT WAY BERKELEY, CA 94704 PROVIDER NO: 052307	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE TRAINING: HEMO CAPD	DATE APPROVED: 040483 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 17 PHONE: (415)540-4520
BERKELEY DIALYSIS, INC. 3017 TELEGRAPH AVE BERKELEY, CA 94705 PROVIDER NO: 052881	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 120385 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 17 PHONE: (415)843-0627

STATE=CALIFORNIA CONTINUED

PIONEERS MEM HOSP MDIAL UNIT
207 W LEGION RD
BRAWLEY, CA 92227
PROVIDER NO: 053502

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: NEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 18
PHONE: (619)344-2120

BREA DIALYSIS INC
555 TAMARACK AVE STES A&B
BREA, CA 92621
PROVIDER NO: 052621

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 081688
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE: (714)990-0710

ST JOSEPH REGIONAL DIALYSIS CENTER
501 S. BUENA VISTA STREET
BURBANK, CA 91505
PROVIDER NO: 052549

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 083077
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 18
PHONE: (818)845-3364

COMMUNITY DIALYSIS SERV OF BURBANK
1821 WEST OLIVE AVE
BURBANK, CA 91506
PROVIDER NO: 052697

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 012786
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (818)846-5996

CAMARILLO DIALYSIS CENTER
3801 LOS POSAS RD, STE 103
CAMARILLO, CA 93010
PROVIDER NO: 052668

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 021088
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 17
PHONE: (805)388-2449

SAN FERNANDO WEST KIDNEY CENTER
7230 MEDICAL CENTER DR #101
CANOGA PARK, CA 91307
PROVIDER NO: 052588

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 061583
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 18
PHONE: (818)888-4750

MEM WEST DIALYSIS
3785 VIA MONA MARIE
CARMEL, CA 93923
PROVIDER NO: 052583

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 080882
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 17
PHONE: (408)624-1204

MEM WEST DIALYSIS CLINIC
5120 MANZANITA AVE #160
CARMICHAEL, CA 95608
PROVIDER NO: 052604

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090684
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 17
PHONE: (916)536-4501

MEM WEST DIALYSIS
262 CONASSET LANE
CHICO, CA 95926
PROVIDER NO: 052552

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 052276
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: 17
PHONE: (916)895-8966

PACIFICA KIDNEY CENTER INC
670 L STREET SUITE D
CHULA VISTA, CA 92010
PROVIDER NO: 052646

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED:
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 060486
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 18
PHONE: (619)691-0300

NEW WEST DIALYSIS CLINICS, INC
6406 TUPELO DR, STE A
CITRUS HEIGHTS, CA 95621
PROVIDER NO: 052663

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 051587
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 013
RENAL NETWORK: 17
PHONE: (916)920-0256

COMPTON COMMUNITY HEM DIALYSIS CENTER 601 W COMPTON BLVD COMPTON, CA 90220 PROVIDER NO: 052572	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060977 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 0[illegible] TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(216)687-9020
MT DIABLO HOSP MED CTR 2540 EAST RT CONCORD, CA 94520 PROVIDER NO: 050488	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052354	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 17 PHONE:(415)674-2465
CORONA HEMODIALYSIS CENTER 1020 FULLERTON AVE, STE 1NO CORONA, CA 91716 PROVIDER NO: 052881	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081887 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(714)736-6680
BROOMAR MEMORIAL HOSP-HEMO ACUTE 8020 HUGHES AVENUE CULVEN CITY, CA 90230 PROVIDER NO: 050144	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052324	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(213)836-7000
CULVEN CITY DIALYSIS SERVICES 6000 VENICE BLVD STE 500 CULVEN CITY, CA 90230 PROVIDER NO: 052544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 081477 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 019 RENAL NETWORK: 18 PHONE:(213)836-2237
COMMUNITY DIALYSIS SERVICES 1498 SOUTHGATE AVE DALY CITY, CA 94015 PROVIDER NO: 052646	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWORK: 17 PHONE:(415)755-4751
COS OF DILARO 1201 JEFFERSON RT, RTE 6 DILARO, CA 95216 PROVIDER NO: 052874	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100788 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(805)725-3390
DOWNEY DIALYSIS CTR 8650 FLORENCE AVE DOWNEY, CA 90240 PROVIDER NO: 052514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083181 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(213)923-6741
EAST BAY DIALYSIS MEDICAL CLINIC 11003W DUBLIN BLVD #100 DUBLIN, CA 94568 PROVIDER NO: 052588	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021081 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER RO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 17 PHONE:(415)829-9630
ORDERMONT/EAST COUNTY DIALYSIS CENTER 560 E BROADWAY EL CAJON, CA 92020 PROVIDER NO: 052882	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 100187 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 025 RENAL NETWORK: 18 PHONE:(619)444-2178
FALDMAN MEM HOSP HEMODIALYSIS 350 E ORAND AVE ESCONDIDO, CA 92026 PROVIDER NO: 050116	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052319	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(619)489-4764

NORTH COUNTY DIALYSIS CTR 130 SOUTH FIO ST ESCONDIDO, CA 92025 PROVIDER NO: 052525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 042277 OWNERSHIP: PROFIT INTERMEDIARY: 0004D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 01D RENAL NETWORK: 16 PHONE: (619)743-4401
BMA OF EUREKA-ARCATA 2701 HARRISON AVENUE EUREKA, CA 95501 PROVIDER NO: 052543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081777 OWNERSHIP: PROFIT INTERMEDIARY: 00D40 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE: (707)445-2033
FAIRFIELD DIALYSIS CLINIC 1710 PENNSYLVANIA AVE #C FAIRFIELD, CA 94533 PROVIDER NO: 052618	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 032865 OWNERSHIP: PROFIT INTERMEDIARY: 00D40 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 00B RENAL NETWORK: 17 PHONE: (707)425-0316
CDS-FOUNTAIN VALLEY 17197 NEWHOPE AVE STE.A FOUNTAIN VALLEY, CA 92708 PROVIDER NO: 052693	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091883 OWNERSHIP: PROFIT INTERMEDIARY: 00D4D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 02D RENAL NETWORK: 1R PHONE: (714)241-0196
WASHINGTON HOSP 2000 MOWRY AVE FREMONT, CA 94538 PROVIDER NO: 050195	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061577 OWNERSHIP: NONPROFIT INTERMEDIARY: DDD40 CROSS-REFER NO: D5253D	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 17 PHONE: (415)797-1111
FRESNO COMM HOSP & MED CTR P.O. BOX 1232 FRESNO, CA 93715 PROVIDER NO: 050060	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072081 OWNERSHIP: NONPROFIT INTERMEDIARY: DDD40 CROSS-REFER NO: D52372	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE: (209)442-5901
VALLEY MEDICAL RENAL CTR 445 S CEDAR AVE FRESNO, CA 93702 PROVIDER NO: 050213	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00D40 CROSS-REFER NO: 052332	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 17 PHONE: (209)455-4451
FRESNO DIALYSIS CLINIC 5000 EAST UNIVERSITY FRESNO, CA 93627 PROVIDER NO: 052527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 050277 OWNERSHIP: NONPROFIT INTERMEDIARY: DDD40 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 02D RENAL NETWORK: 17 PHONE: (209)252-1982
COMMUNITY DIALYSIS SVCS OF FRESNO 4720 W JENNIFER, STE 105 FRESNO, CA 93711 PROVIDER NO: 05260B	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 072084 OWNERSHIP: PROFIT INTERMEDIARY: DDD4D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 02D RENAL NETWORK: 17 PHONE: (209)275-1671
GARDEN GROVE ARTIFICIAL KIDNEY CTR 12601 GARDEN GROVE BLVD GARDEN GROVE, CA 92643 PROVIDER NO: DS2617	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120104 OWNERSHIP: PROFIT INTERMEDIARY: D0040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 001 RENAL NETWORK: 18 PHONE: (714)537-8160
BEACH CITIES DIALYSIS 2015 W REDONDO BEACH BLVD,#E GARDENA, CA 90247 PROVIDER NO: 05251B1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080582 OWNERSHIP: PROFIT INTERMEDIARY: 0004D CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 1D PHONE: (213)515-0700

GLENDALE HEMODIALYSIS FACILITY
1360 E. CHEVY CHASE DR., N 140
GLENDALE, CA 91206
PROVIDER NO: 052557
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO
DATE APPROVED: 060178
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE: (818)240-RR70

CDR - GLENDALE
1000 PART PALMER
GLENDALE, CA 91205
PROVIDER NO: 052032
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 091385
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 022
RENAL NETWORK: 18
PHONE: (818)241-6382

GLENDORA COMM HOSP
122 W ALOSTA AVE, N29
GLENDORA, CA 91740
PROVIDER NO: 050706
FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 080277
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052931
HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE: (213)335-0231

GLENDORA ARTIFICIAL KIDNEY CTR
190 W ALOSTA AVE
GLENDORA, CA 91740
PROVIDER NO: 052989
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 080180
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 022
RENAL NETWORK: 18
PHONE: (818)963-6086

HACKD HEART DIALYSIS CENTER
900 HUNTN DDUTY
HARFORD, CA 99230
PROVIDER NO: 052020
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING:
DATE APPROVED: 080585
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: OR
TOTAL STATIONS: 007
RENAL NETWORK: 18
PHONE: (209)582-4339

BAY HARBOR DIALYSIS
1427 W IONIA BLVD
HARBOR CITY, CA 90710
PROVIDER NO: 052020
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 090185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 001
RENAL NETWORK: 18
PHONE: (213)925-1221

EART BAY DIALYSIS
21919 FOOTHILL BLVD
HAYWARD, CA 94041
PROVIDER NO. 052940
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD
DATE APPROVED: 081077
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 023
RENAL NETWORK: 17
PHONE: (415)881-8400

ORANGE COUNTY DIALYSIS MENT
16082 BOLSA CHICA RD
HUNTINGTON BEACH, CA 92649
PROVIDER NO: 052541
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 020686
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 18
PHONE: (714)846-2102

IRDID DIALYSIS CENTER
01000 DOCTOR CARREON BLVD-A109
IRDID, CA 92201
PROVIDER NO: 052053
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI
DATE APPROVED: 030887
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 18
PHONE: (619)347-0707

COMMUNITY DIALYSIS SVCS-INGLEWOOD
901 E HAROY ST 9100
INGLEWOOD, CA 90307
PROVIDER NO: 052053R
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD
DATE APPROVED: 081577
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 030
RENAL NETWORK: 18
PHONE: (213)677-6114

CDS - LA BAIA
101 N LA BAIA BLVD STE D
INGLEWOOD, CA 90301
PROVIDER AD: 052RR8
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 060584
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: OR
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (213)673-8060

STATE=CALIFORNIA CONTINUED

PACIFIC COAST DIALYSIS CTR 1416 CENTINELA AVE INGLEWOOD, CA 90301 PROVIDER NO: 052634	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112085 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 18 PHONE: (213)673-6068
INGLEWOOD DIALYSIS SERVICES, INC 106 E MANCHESTER AVE INGLEWOOD, CA 90301 PROVIDER NO: 052670	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 051086 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 028 RENAL NETWORK: 18 PHONE: (213)672-7000
CON-LA PALMA 5451 LA PALMA AVE STE 3S LA PALMA, CA 90623 PROVIDER NO: 052627	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071185 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 18 PHONE: (714)523-5970
COMMUNITY DIALYSIS SERV OF LA PUENTE 1839 N. HACIENDA BLVD LA PUENTE, CA 91744 PROVIDER NO: 052639	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012786 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 18 PHONE: (818)917-7118
BURTEC HEMODIALYSIS UNIT 9850 GENESEE AVE LAJOLLA, CA 92037 PROVIDER NO: 052547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE: (619)453-9070
LAKE COUNTY DIALYSIS 900 ELEVENTH ST NO 2 LAKEPORT, CA 95453 PROVIDER NO: 052601	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: PERI CAPD	DATE APPROVED: 091784 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 17 PHONE: (707)263-7182
LAKEWOOD DIALYSIS UNIT 4131 E SOUTH ST LAKEWOOD, CA 90712 PROVIDER NO: 052539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080477 OWNERSHIP: PROFIT INTERMEDIARY: 21081 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE: (213)838-7441
ANTELOPE VALLEY DIALYSIS FACILITY 44203 N 15TH ST WEST LANCASTER, CA 93534 PROVIDER NO: 052521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE: (805)948-8094
SATELLITE DIALYSIS CENTER 5 BON AIR RD SUITE 115 LARKSPURO, CA 94939 PROVIDER NO: 052526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 061877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 17 PHONE: (415)924-6022
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354 PROVIDER NO: 050327	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 061277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO: 052342	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 18 PHONE: (714)795-7311
LOMA LINDA DIALYSIS SERVICES 11375 ANDERSON STREET LOMA LINDA, CA 92354 PROVIDER NO: 052550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE: (714)795-7311

ST MARY MEDICAL CTR-HEMO UNIT
1050 LINDEN AVE
LONG BEACH, CA 90813
PROVIDER NO: 050181

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 010887
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052270

HCFA REGION: 09
TOTAL STATIONS: 013
RENAL NETWORK: 18
PHONE:(213)491-9240

BMA-LONG BEACH
2040 ATLANTIC AVE NO 100
LONG BEACH, CA 90813
PROVIDER NO: 052527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080577
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 018
RENAL NETWORK: 18
PHONE:(213)432-4444

CLINIPHARM DIALYSIS NETWORK
2880 ATLANTIC AVE, STE 270
LONG BEACH, CA 90801
PROVIDER NO: 052876

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090188
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 18
PHONE:(213)427-4006

LOS ALAMITOS HEMODIALYSIS CENTER
3810 KATELLA AVENUE
LOS ALAMITOS, CA 90720
PROVIDER NO: 052515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 081577
OWNERSHIP: PROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 024
RENAL NETWORK: 18
PHONE:(213)598-5527

KAISER FOUNDATION HOSP-HEMO B NORTH
4867 SUNSET BLVD
LOS ANGELES, CA 90027
PROVIDER NO: 050188

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 072577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:052329

HCFA REGION: 09
TOTAL STATIONS: 018
RENAL NETWORK: 18
PHONE:(213)667-5579

U C L A HOSP CTR FOR HEALTH SCIENCES
10833 LE CONTE AVE CHS 52 153
LOS ANGELES, CA 90024
PROVIDER NO: 050289

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 082677
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052838

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(213)825-2550

LOS ANGELES COUNTY USC MEDICAL CENTER
1200 N STATE ST
LOS ANGELES, CA 90033
PROVIDER NO: 050578

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 020184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052344

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(213)225-7301

ST VINCENT MEDICAL CENTER
2131 W 3RD ST
LOS ANGELES, CA 90057
PROVIDER NO: 050502

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 081777
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052355

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(213)484-7111

MARTIN LUTHER KING JR OUT PATIENT HOSP
12021 S WILMINGTON AVE
LOS ANGELES, CA 90059
PROVIDER NO: 050518

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 081177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052555

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(213)603-5201

CEDARS-SINAI MEDICAL CENTER
8700 BEVERLY BLVD
LOS ANGELES, CA 90048
PROVIDER NO: 050588

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 021384
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052354

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(213)855-5000

USHANI, IBC-TEMPLE
2128 W TEMPLE ST
LOS ANGELES, CA 90026
PROVIDER NO: 053505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING:

DATE APPROVED: 072577
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 035
RENAL NETWORK: 18
PHONE:(213)384-0595

STATE=CALIFORNIA CONTINUED

USHAEL INC-DOCTOR'S 700 E 32ED ST LOS ANGELES, CA 900:I PROVIDER NO: 052S16	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 042 RENAL NETWORK: 18 PHONE:(213)233-7101
USHAEL INC-WEST6IDE 934 SOUTH FAIRFAX AVE LOS ANGELES, CA 90036 PROVIDER NO: 052S17	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(213)931-1311
EAST L A KIDNEY CTR 5260 E POMONA BLVD LOS ANGELES, CA 90022 PROVIDER NO: 052S77	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 122351 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(213)268-1773
ST VIRCENT DIALYSIS CTR INC 201 S ALVARADO ST 6220 LOS ANGELES, CA 90057 PROVIDER NO: 052562	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 18 PHONE:(213)484-7425
MLH KIDNEY CENTER 11055 COMPTON AVE LOS ANGELES, CA 90059 PROVIDER NO: 052S90	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071983 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(213)563-1140
BEVERLY HILLS DIALYSIS CTR 8762 W PICO BLVD LOS ANGELES, CA 90035 PROVIDER NO: 052589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 010184 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 021 RENAL NETWORK: 18 PHONE:(213)205-7924
LAC/USC MEDICAL CENTER 1200 N STATE ST, RM 4017 LOS ANGELES, CA 90033 PROVIDER NO: 052595	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 122552 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(213)224-7612
WHITE MEMORIAL KIDNEY CENTER 1720 BROOKLYN AVE LOS ANGELES, CA 90033 PROVIDER NO: 052622	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 041185 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 18 PHONE:(213)268-5000
LOS ANGELES DIALYSIS TRAINING CTR 2080 CENTURY PARK EAST, STE 1601 LOS ANGELES, CA 90067 PROVIDER NO: 052625	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072485 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(213)204-6111
WILSHIRE DIALYSIS CENTER 1212 WILSHIRE BLVD LOS ANGELES, CA 90017 PROVIDER NO: 052631	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090985 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(213)402-5101
CHILDREN'S HOSP OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027 PROVIDER NO: 053302	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: CAPD CCPD	DATE APPROVED: 010157 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052321	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(213)669-2102

MIDRAY DIALYSIS CENTER INC
6801 W OLYMPIC BD, STE 108
LOS ANGELES, CA 90019
PROVIDER NO: 052440

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTIO: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 013186
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL RETNRS: 15
PHONE: (213)930-6008

USHAWL-CIDARS SINAI TONERS
8ERB W THIRD, SUITE 5600
LOS ANGELES, CA 90048
PROVIDER NO: 052648

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 070186
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 020
RENAL RETNRS: 18
PHONE: (2IR)855-1742

WEST VALLEY DIALYSIS CTR
14851 S BASCOM AVE
LOS GATOS, CA 95030
PROVIDER NO: 052R0A

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 100284
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL RETNRS: 17
PHONE: (408)RS8-R791

KIDNEY DIALYSIS CARE UNITS
8600 E CENTURY BLVD
LYNWOOD, CA 90262
PROVIDER NO: 052A02

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:

DATE APPROVED: 081877
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 020
RENAL RETNRS: 18
PHONE: (213)8R9-8820

SATELLITE DIALYSIS
696 GLENWOOD
MENLO PARA, CA 94029
PROVIDER NO: 0A2951

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 120577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 01R
RENAL RETNRS: 17
PHONE: (416)R28-8170

MERCED DIALYSIS CENTER
200 E 19TH ST
MERCED, CA 95340
PROVIDER NO: 052184

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 110882
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL RETNRS: 17
PHONE: (209)72R-04R9

HOLY CROSS RENAL CENTER
14985 MIRALOMA BY, NTOE
MISSION HILLS, CA 91849
PROVIDER NO: 052890

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 120179
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL RETNRS: 18
PHONE: (818)365-6961

MISSION HILLS KIDNEY CTR
11880 INDIAN HILLS RD
MISSION HILLS, CA 91R4A
PROVIDER NO: 0A20RB

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: CCPD

DATE APPROVED: 102886
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL RETNRS: 18
PHONE: (818)898-1724

MISSION DIALYSIS INC
27800 MEDICAL CENTER RD #450
MISSION VIEJO, CA 92691
PROVIDER NO: 052SAT

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 050184
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL RETNRS: 18
PHONE: (714)364-8501

SATELLITE DIALYSIS CENTER
1328 SPANOS CT, BLDG D
MODESTO, CA 95350
PROVIDER NO: 052931

FACILITY TYPE: DIALYSIS FACILITY
STAFF ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 081077
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 021
RENAL RETNRS: 17
PHONE: (209)578-0691

OLIVERLY DIALYSIS
100 W HARDING ST
MONTEBELLO, CA 90640
PROVIDER NO: 052942

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: CAPD

DATE APPROVED: 080977
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL RETNRS: 18
PHONE: (21R)726-14I2

GARFIELD MEMODIALYSIS CENTER
110 HILLIARD AVE
MONTEREY PARK, CA 91754
PROVIDER NO: 052564
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 091280
OWNERSHIP: PROFIT
INTERMEDIARY: 01051
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (818)288-5706

EL CAMINO HOSP
2500 GRANT RD
MOUNTAIN VIEW, CA 94040
PROVIDER NO: 050308
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD
DATE APPROVED: 001277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052341
HCFA REGION: 09
TOTAL STATIONS: 022
RENAL NETWORK: 17
PHONE: (415)940-7015

NAPA VALLEY COMMUNITY DIALYSIS
1100 TRANCAS ST SUITE 267
NAPA, CA 94558
PROVIDER NO: 052565
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 101680
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 17
PHONE: (707)224-8588

NAPA DIALYSIS CLINIC
3230 BEARD RD
NAPA, CA 94558
PROVIDER NO: 052615
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 032585
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 17
PHONE: (707)263 0837

BMA-SOUTH BAY
302 W 26TH ST
NATIONAL CITY, CA 92050
PROVIDER NO: 052536
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 001277
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 022
RENAL NETWORK: 18
PHONE: (619)414-0151

HOAG MEMORIAL HOSP PRESBYTERIAN
501 NEWPORT BLVD
NEWPORT BEACH, CA 92663
PROVIDER NO: 050224
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 031280
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052556
HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 18
PHONE: (714)760-6900

NORTHRIDGE HOSPITAL FOUNDATION-CON
18516 ROSCOE BLVD
NORTHRIDGE, CA 91324
PROVIDER NO: 050116
FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:
DATE APPROVED: 010178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052626
HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE: (213)885 0800

CLINISHARE DIALYSIS NETWORK-NORTHRIDGE
18516 ROSCOE BLVD
NORTHRIDGE, CA 91324
PROVIDER NO: 052545
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 081677
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 18
PHONE: (818)886-8771

BMA DIALYSIS OF OAKLAND
3100 SUMMIT ST SO. BLDG.
OAKLAND, CA 94609
PROVIDER NO: 052524
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 001577
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 025
RENAL NETWORK: 17
PHONE: (415)893-2060

BMA OF ALAMEDA COUNTY INC
10700 MACARTHUR BLVD #14
OAKLAND, CA 94605
PROVIDER NO: 052586
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO
DATE APPROVED: 032383
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 17
PHONE: (415)568-1997

PIEDMONT DIALYSIS INC
4341 PIEDMONT AVE
OAKLAND, CA 94611
PROVIDER NO: 052610
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 011485
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 17
PHONE: (415)420-1100

TRI-CITY HOSP REG DIALYSIS CTR
4010 VISTA WAY
OCEANSIDE, CA 92056
PROVIDER NO: 052611

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 101284
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 18
PHONE: (516)724-8411

ST JOSEPH HOSP HEMO UNIT-SR. ELIZ BLOOD
1100 W STEWART DRIVE
ORANGE, CA 92868
PROVIDER NO: 030088

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 081577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51051
CROSS-REFER NO: 052311

HCFA REGION: 09
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (714)633-8111

UNIV OF CA-IRVINE MED CTR
101 CITY DRIVE SOUTH
ORANGE, CA 92668
PROVIDER NO: 030R40

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 070186
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052343

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE: (714)634-5751

UC IRVINE RENAL DIALYSIS CENTER
101 CITY DR SOUTH BLDG 24
ORANGE, CA 92668
PROVIDER NO: 052383

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 070183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 18
PHONE: (714)634-5555

DIALYSIS CENTER OF VENTURA CTY-OXNARD
333 NORTH J ST
OXNARD, CA 93030
PROVIDER NO: 052R30

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 100185
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 019
RENAL NETWORK: 18
PHONE: (805)487-7861

COMMUNITY DIALYSIS SVCS-SAN TERRA300
12330 SHARPORO UNIT P
PACOIMA, CA 91331
PROVIDER NO: 032623

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 072277
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 018
RENAL NETWORK: 18
PHONE: (818)768-0770

PALM DESERT DIALYSIS CENTER
41-401 CORPORATE WAY
PALM DESERT, CA 92260
PROVIDER NO: 032R67

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 031087
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 18
PHONE: (619)323-1155

DESERT DIALYSIS MEDICAL CLINIC INC
343 TACHEVAH ST, SUITE 03
PALM SPRINGS, CA 92262
PROVIDER NO: 052341

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081577
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 18
PHONE: (619)325-0908

NEW WEST DIALYSIS CLINICH, INC.
5310 CLARK RD
PARADISE, CA 95969
PROVIDER NO: 032080

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 030387
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: 17
PHONE: (916)920-0256

PARAMOUET DIALYSIS CENTER
8313 ALONDRA BLVD
PARAMOUST, CA 90723
PROVIDER NO: 032R52

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 010587
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE: (213)634-6774

CENTRAL VALLEY RURAL DIALYSIS
8700 S MCDOCIGO AVE
PARLIER, CA 93648
PROVIDER NO: 052R12

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 020485
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 007
RENAL NETWORK: 17
PHONE: (209)646-3532

CLINISHARE DIALYSIS NETWORK-PASADENA
1645 N. FAIROAKS AVE
PASADENA, CA 91103
PROVIDER NO: 052562
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 060860
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE: (818)790-0507

EATON CANYON DIALYSIS CTR
2750 E WASHINGTON BLVD STE 370
PASADENA, CA 91107
PROVIDER NO: 052613
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 022009
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE: (818)790-8095

55 CONGRESS DIALYSIS
55 CONGRESS ST
PASADENA, CA 91105
PROVIDER NO: 052619
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: CCPD
DATE APPROVED: 030885
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 004
RENAL NETWORK: 18
PHONE: (818)792-0848

COMMUNITY HEMODIALYSIS
141 LYNCH CREEK WAY STE C
PETALUMA, CA 94952
PROVIDER NO: 052624
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 061405
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 009
RENAL NETWORK: 17
PHONE: (707)765-1060

PITTSBURG HEMODIALYSIS
329 EAST LELAND RD
PITTSBURG, CA 94565
PROVIDER NO: 053509
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 032585
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 17
PHONE: (415)439-8772

DIALYSIS CENTER OF POMONA
2475 N GAREY
POMONA, CA 91767
PROVIDER NO: 052591
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 071583
OWNERSHIP: PROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 18
PHONE: (714)620-1845

GAREY DIALYSIS CENTER
1600 N GAREY
POMONA, CA 91767
PROVIDER NO: 052654
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 010907
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 18
PHONE: (714)623-6411

PORTERVILLE HEMODIALYSIS FACILITY
774 NORTH PROSPECT
PORTERVILLE, CA 93257
PROVIDER NO: 053512
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 041686
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 18
PHONE: (209)784-5551

COS OF CARSON
19220 RANCHO WAY
RANCHO DOMINGUEZ, CA 90220
PROVIDER NO: 052664
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI
DATE APPROVED: 092187
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (619)242-0311

NEW WEST DIALYSIS
1388 COURT ST. SUITE A
REDDING, CA 96002
PROVIDER NO: 052528
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 082077
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 011
RENAL NETWORK: 17
PHONE: (916)243-7474

RIVERSIDE OEM HOSP-UNIV MED CENTER
9851 MAGNOLIA AVE
RIVERSIDE, CA 92503
PROVIDER NO: 050292
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: PERI
TRAINING: HEMO CAPD
DATE APPROVED: 080877
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052558
HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 18
PHONE: (714)351-7540

RIVERSIDE-SAN BERNARDINO KIDNEY UNIT
4000 FOURTEENTH ST - SUITE 204
RIVERSIDE, CA 92501
PROVIDER NO: 052532

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 091277
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 16
PHONE: (714)682-2700

ROSEVILLE HEMODIALYSIS
31R HARDING BLVD
ROSEVILLE, CA 95678
PROVIDER NO: 052578

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE: PINI
TRAINING: CAPD

DATE APPROVED: 011582
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 014
RENAL NETWORK: 17
PHONE: (915)785-2726

SUTTER DIA HOSP-ARTIFICIAL KIDNEY CTR
2801 L STREET
SACRAMENTO, CA 95816
PROVIDER NO: 050108

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HOME
SELF-CARE: HOME
TRAINING: HOME CAPD

DATE APPROVED: 021866
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052316

HCFA REGION: 09
TOTAL STATIONS: 017
RENAL NETWORK: 17
PHONE: (916)454-2222

SUTTER MEM HOSP
3RD & F STS
SACRAMENTO, CA 95816
PROVIDER NO: 050108

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 012067
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052375

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 17
PHONE: (916)454-3333

UNIV OF CA DAVIS - MED CTR
2315 STOCKTON BLVD, 96201A
SACRAMENTO, CA 95817
PROVIDER NO: 050098

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 081677
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052361

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 17
PHONE: (916)453-2891

NEW WEST DIALYSIS
500 UNIVERSITY AVE #101
SACRAMENTO, CA 95825
PROVIDER NO: 052RRO

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 081977
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 025
RENAL NETWORK: 17
PHONE: (916)920-0256

NEW WEST DIALYSIS - N. SACRAMENTO
7000 FRANKLIN BLVD STE RRO
SACRAMENTO, CA 95823
PROVIDER NO: 052962

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: HOME CAPD

DATE APPROVED: 121980
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 17
PHONE: (915)427-2561

SALINAS VALLEY DIALYSIS SVCS INC
855 BLANCO CIRCLE STE C
SALINAS, CA 93901
PROVIDER NO: 052402

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: HOME CAPD

DATE APPROVED: 100384
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 17
PHONE: (408)758-5222

SAN BERNARDINO COUNTY MED CTR
780 EAST GILBERT
SAN BERNARDINO, CA 92404
PROVIDER NO: 050245

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 111581
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052334

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE: (714)383-1870

SAN BERNARDINO VALLEY DIAL CTR
1300 N WATERMAN AVE
SAN BERNARDINO, CA 92404
PROVIDER NO: 052978

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 111581
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE: (714)381-1591

UNIVERSITY HOSPITAL UCSD MEDICAL CTR
229 W DICKINSON ST
SAN DIEGO, CA 92103
PROVIDER NO: 050029

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING: HOME CAPD

DATE APPROVED: 081677
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052302

HCFA REGION: 09
TOTAL STATIONS: 005
RENAL NETWORK: 18
PHONE: (619)294-5646

BMA OF SAN DIEGO
3960 THIRD AVE
SAN DIEGO, CA 92103
PROVIDER NO: 052500
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 081177
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 020
RENAL NETWORK: 18
PHONE: (619)299-3500

ARTIFICIAL KIDNEY CTR
7927 OSTROW ST
SAN DIEGO, CA 92111
PROVIDER NO: 052578
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 111301
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 10
PHONE: (619)571-0252

BMA CHULA VISTA
2252 VERUS ST, STE 10
SAN DIEGO, CA 92154
PROVIDER NO: 052653
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 110886
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 18
PHONE: (619)426-5201

R K DAVIES MEDICAL CENTER
CASTRO DUBOCE STS
SAN FRANCISCO, CA 94114
PROVIDER NO: 050008
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 051077
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052900
HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 17
PHONE: (415)565 6075

MOUNT ZION HOSP & MEDICAL CENTER
1600 DIVISADERO ST
SAN FRANCISCO, CA 94120
PROVIDER NO: 050033
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD
DATE APPROVED: 081877
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052304
HCFA REGION: 09
TOTAL STATIONS: 015
RENAL NETWORK: 17
PHONE: (415)885-7421

PACIFIC MEDICAL CTR-PRESBYTERIAN
P.O. BOX 7999
SAN FRANCISCO, CA 94120
PROVIDER NO: 050047
FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 081877
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052507
HCFA REGION: 09
TOTAL STATIONS: 018
RENAL NETWORK: 17
PHONE: (415)929-8255

KAISER FOUNDATION HOSP
2425 GEARY BLVD
SAN FRANCISCO, CA 94115
PROVIDER NO: 050076
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 040577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51051
CROSS-REFER NO: 052512
HCFA REGION: 09
TOTAL STATIONS: 005
RENAL NETWORK: 17
PHONE: (415)529-4641

UNIVERSITY OF CALIF AT SAN FRANCISCO
UC MOFFITT ROOM 884
SAN FRANCISCO, CA 94143
PROVIDER NO: 050454
FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 022200
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO: 052551
HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 17
PHONE: (415)666-1551

COMMUNITY HEMODIALYSIS OF SF
1800 HAIGHT ST
SAN FRANCISCO, CA 94117
PROVIDER NO: 052507
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 040477
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 05
TOTAL STATIONS: 022
RENAL NETWORK: 17
PHONE: (415)752-9005

UNIVERSITY OF CA RENAL CTR
1001 POTRERO AVENUE BUILDING 100
SAN FRANCISCO, CA 94110
PROVIDER NO: 053500
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 051577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 09
TOTAL STATIONS: 012
RENAL NETWORK: 17
PHONE: (415)648-2511

U. C. PEDIATRIC RENAL CENTER
400 PARNASSUS AVE - RM 278
SAN FRANCISCO, CA 94143
PROVIDER NO: 053501
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: PERI CAPD CCPD
DATE APPROVED: 080977
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:
HCFA REGION: 05
TOTAL STATIONS: 004
RENAL NETWORK: 17
PHONE: (415)476-2423

STATE-CALIFORNIA CONTINUED

SAN FRANCISCO PERITONEAL DIALYSIS 2100 WEBSTER ST 6508 SAN FRANCISCO, CA 94115 PROVIDER NO: 052825	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE TRAINING: CAPD	DATE APPROVED: 050685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 17 PHONE:(415)828-8101
SAN FRANCISCO HOME DIALYSIS CTR 2001 UNION ST ROOM 650 SAN FRANCISCO, CA 94126 PROVIDER NO: 052845	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 040486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 17 PHONE:(415)831-6811
MERCY VALLEY DIALYSIS CTR 1550 EQUIN STATE ST SIE R SAN JACINTO, CA 92383 PROVIDER NO: 052A20	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080586 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(714)654-1066
SANTA CLARA VALLEY MEDICAL CENTER 751 S BASCOM AVE SAN JOSE, CA 95128 PROVIDER NO: 050058	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 082277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052305	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 17 PHONE:(408)268-5100
SATELLITE DIALYSIS CENTER 1175 BANATOOA AVE #14 SAN JOSE, CA 95125 PROVIDER NO: 052854	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 080777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 17 PHONE:(408)446-3466
SATELLITE DIALYSIS 2151 ALEXIAN DR #11A SAN JOSE, CA 95131 PROVIDER NO: 052915	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 082587 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 17 PHONE:(408)256-8720
SATELLITE DIALYSIS CTR 5595 WINPIELD BLVD,#200 SAN JOSE, CA 95135 PROVIDER NO: 052A00	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 051884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(408)226-8220
EVERGREEN DIALYSIS SERVICES 2080 ANDRA ROAD SAN JOSE, CA 95121 PROVIDER NO: 055514	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 050187 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 17 PHONE:(408)238-3100
DIALYSIS CTR OF SO ORANGE CNTY 31758 RANCHO VIEJO RD, STE B SAN JUAN CAPISTRANO, CA 92675 PROVIDER NO: 052848	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080786 OWNERSHIP: PROFIT INTERMEDIARY: 5105I CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(714)240-1454
SAN LUIS OBISPO DIA HOSP HEMO UNIT 2180 JOHNSON AVE SAN LUIS OBISPO, CA 93408 PROVIDER NO: 050058	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052315	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(805)543-1500
MILLS MEMORIAL HOSPITAL/CAPD 100 S SAN MATEO DRIVE SAN MATEO, CA 94401 PROVIDER NO: 050505	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052340	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 17 PHONE:(415)696-4931

WEST CONTRA COSTA DIALYSIS 1402C SAN PABLO AVE SAN PABLO, CA 94806 PROVIDER NO: 052560	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 042380 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 17 PHONE:(415)234-0835
SAN PEDRO COMM DIALYSIS CTR 621 BUTTE ST SAN PEDRO, CA 90731 PROVIDER NO: 050078	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 103078 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052309	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 18 PHONE:(213)832-3811
WESTERN MEDICAL CENTER HEMO UNIT 1001 N. TUSTIN AVE. SANTA ANA, CA 92705 PROVIDER NO: 050065	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041808 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052309	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(714)953-3310
SANTA BARBARA COMM DIALYSIS CENTER 222 PESETAS LANE SANTA BARBARA, CA 93110 PROVIDER NO: 052513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 001077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 18 PHONE:(805)964-7979
SANTA BARBARA ARTIFICIAL KIDNEY CTR S14 W PUEBLO ST SANTA BARBARA, CA 93105 PROVIDER NO: 052606	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 111684 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(805)687-0456
CLINISHARE DIALYSIS NETWORK 2120 SOQUEL AVE SANTA CRUZ, CA 95062 PROVIDER NO: 052555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 012679 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 17 PHONE:(408)426-0727
SANTA ANA REG CTR-KIDNEY DISEASE UNIT 220 S PALISADES,STE203 SANTA ANA, CA 92704 PROVIDER NO: 053510	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040484 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 18 PHONE:(805)922-6011
SANTA MONICA HEMODIALYSIS CTR 2001 SANTA MONICA BLVD #260W SANTA MONICA, CA 90404 PROVIDER NO: 050112	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 101977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052310	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 18 PHONE:(213)459-0494
SANTA MONICA HEMODIALYSIS CENTER 2001 SANTA MONICA BLVD #260 SANTA MONICA, CA 90404 PROVIDER NO: 052665	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090187 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 18 PHONE:(213)459-0494
COMMUNITY HEMODIALYSIS UNIT 3327 CHANATE RD SANTA ROSA, CA 95404 PROVIDER NO: 052524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 041877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 17 PHONE:(707)527-6300
SATELLITE DIALYSIS CTR OF SANTA ROSA 1255 N OUTLOOK AVE PARK CTR 2 SANTA ROSA, CA 95401 PROVIDER NO: 052630	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 092386 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 17 PHONE:(707)526-0717

STATE=CALIFORNIA CONTINUED

SANTA ROSA TRANSPLANT CENTER
1764 MONTGOMERY ST. ST
SANTA ROSA, CA 95409
PROVIDER NO: 050174

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 072286
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:052374

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 17
PHONE:(707)546-8210

KIDNEY CENTER OF SIMI VALLEY
2850 N. SYCAMORE DR RTE 103
SIMI VALLEY, CA 93065
PROVIDER NO: 052654

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 112805
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 18
PHONE:(805)584-2411

SATELLITE DIALYSIS CENTER
190 COLUMBIA WAY
SONORA, CA 95370
PROVIDER NO: 052508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 110584
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 17
PHONE:(209)532-3072

STANFORD UNIVERSITY HEMODIALYSIS
HOOVER PAVILION - RIA
STANFORD, CA 94305
PROVIDER NO: 050443

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 102985
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052550

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: 17
PHONE:(415)725-5256

SAN JOAQUIN GEN HOSP
P.O. BOX 1030
STOCKTON, CA 95201
PROVIDER NO: 050167

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 020877
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052526

HCFA REGION: 09
TOTAL STATIONS: 010
RENAL NETWORK: 17
PHONE:(209)982-1800

ARTIFICIAL KIDNEY MED CLINIC
2550 N CALIFORNIA ST
STOCKTON, CA 95204
PROVIDER NO: 052185

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 061277
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 017
RENAL NETWORK: 17
PHONE:(209)943-0854

RENAL HYDERICS, INC
19425 DURBAN BLVD #411
TARZANA, CA 91356
PROVIDER NO: 052004

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 011
RENAL NETWORK: 18
PHONE:(818)342-5795

SAN GABRIEL VALLEY KIDNEY CENTER
4020 ARDEN DR
TEMPLE CITY, CA 91780
PROVIDER NO: 052046

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081185
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE:(818)350-1481

LOS ROBLES REGIONAL MEDICAL CENTER
215 WEST JANSS RD
THOUSAND OAKS, CA 91360
PROVIDER NO: 050548

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 081177
OWNERSHIP: PROFIT
INTERMEDIARY: 51051
CROSS-REFER NO:052756

HCFA REGION: 09
TOTAL STATIONS: 000
RENAL NETWORK: 18
PHONE:(805)497-2727

CONEJO VALLEY RENAL CENTER
225 W JANSS RD #205
THOUSAND OAKS, CA 91360
PROVIDER NO: 052375

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF CARE:
TRAINING: HEMO

DATE APPROVED: 121481
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 016
RENAL NETWORK: 18
PHONE:(805)496-5071

L A CO HARBOR-UCLA MED CTR
1000 W CARSON ST
TORRANCE, CA 90509
PROVIDER NO: 050276

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE
TRAINING:

DATE APPROVED: 100185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:052745

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 18
PHONE:(213)533-2728

BMA OF LOS ANDELES INC 1123 WEST CANSON ST TONNANCE, CA 90502 PROVIDER NO: 052508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPNOVED: 050977 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONN: 022 NENAL NETWONK: 15 PHONE:(213)320-4099
TORRANCE COMMUNITY HEMODIALYSIS UNIT 3295 SKYPARK DRIVE TORRANCE, CA 90505 PROVIDER NO: 052556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININS: CAPD	DATE APPNOVED: 122778 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 012 NENAL NETWONK: 18 PNONE:(213)539-8091
TULARE DIALYIS CENTER 880 EAST MERRITT TULARE, CA 93274 PROVIDER NO: 052655	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPNOVED: 100557 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN ND:	HCFA NEGION: 09 TOTAL STATIONS: 009 NENAL NETWONK: 18 PHONE:(209)805-0325
SATELLITE DIALYSIS 351 N WALNUT RD TURLOCK, CA 95380 PROVIDER NO: 052547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPNOVED: 032086 OWNENSHIP: NONPNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 010 NENAL NETWONK: 17 PHONE:(209)667-4888
BMA - UKIAH HEMODIALYSIS 520 S DORA ST - SUITE 101 UKIAH, CA 95482 PROVIDER NO: 052548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD CCPD	DATE APPNOVED: 072577 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 005 NENAL NETWONK: 17 PHONE:(707)468-9206
EAST BAY DIALYSIS 10 UNION SQUARE BLVD - BLDG 3 UNION CITY, CA 94587 PNOVIDER NO: 052571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPNOVED: 052081 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN ND:	HCFA NEGION: 09 TOTAL STATIONS: 015 NENAL NETWONK: 17 PHONE:(415)489-1500
DIALYSIS CENTER OF UPLAND 600 N 13TH AVENUE UPLAND, CA 91786 PROVIDER NO: 052552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PENI TRAININD: HEMO	DATE APPNOVED: 042878 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 022 NENAL NETWONK: 18 PHONE:(714)945-8002
VALENCIA NENAL CTR 23851 W MCBEAN PKWY VALENCIA, CA 91355 PROVIDER NO: 052573	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO	DATE APPNOVED: 072381 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 005 NENAL NETWONK: 18 PHONE:(805)254-2040
COMMUNITY DIALYSIS SERVICE 121 HOSPITAL DR VALLEJO, CA 94590 PROVIDER NO: 052587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPNOVED: 080780 OWNENSHIP: PNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 014 NENAL NETWONK: 17 PHONE:(707)553-9174
VALLEY PRESBYTERIAN HOSPITAL 15107 VANOWEN ST VAN NUYS, CA 91406 PROVIDER NO: 050128	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPNOVED: 120178 OWNENSHIP: NONPNOFIT INTENMEDIANY: 00040 CNOSS-NEFEN NO:052322	HCFA NEGION: 09 TOTAL STATIONS: 000 NENAL NETWONK: 18 PHONE:(213)782-6600
VALLEY PRESBYTERIAN COMM DIALYSIS 15149 HART ST VAN NUYS, CA 91405 PROVIDER NO: 052554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPNOVED: 120178 OWNENSHIP: PNOFIT INTENMEDIANY: 51051 CNOSS-NEFEN NO:	HCFA NEGION: 09 TOTAL STATIONS: 013 NENAL NETWONK: 18 PHONE:(818)707-0990

STATE-CALIFORNIA CONTINUED

CITRUSHARE DIALYSIS NETWORK-VAN NUYS
14524 SHERMAN WAY #106
VAN NUYS, CA 91405
PROVIDER NO: 052SRS

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 02D103
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 005
RENAL NETWORK: 18
PHONE: (818)994-2332

DIALYSIS CENTER OF VENTURA CNTY
4500 TELEPHONE RD STE 101
VENTURA, CA 93003
PROVIDER NO: 052056

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 022087
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 022
RENAL NETWORK: 18
PHONE: (805)S58-2211

KAWEAH DELTA HEMODIALYSIR FACILITY
520 W MAIN ST
VISALIA, CA 93291
PROVIDIR NO: 055S06

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 0822T7
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: 013
RENAL NETWORK: 18
PHONE: (209)S25-T2ID

IRI COUNTIES HOME DIALYRIS
4R1 R DRIOOS RT
VISALIA, CA 922FT
PROVIDIR NO: 0D206F

FACILITY TYPE: DIALYSIR FACILITY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: I12D8T
OWNERSHIP: PROFIT
INTERMEDIARY: D0040
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: DDD
RENAL NETWORK: 18
PHONE: (2D5)T32-46S2

CLIRISHARE DIALYSIS NETWORA
40 PERRY LANE, BLDG D
WAISONVILLE, CA 95076
PROVIDER NO: 0R206T

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: IIIS04
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER RD:

HCFA REGION: 09
TOTAL STATIONS: DD9
RENAL NETWORK: 17
PHONE: (4D5)T28-367I

SATELLITE DIALYSIS CENTER,INC
120I-B FREIDOM BLVD
WATSONVILLE, CA 95076
PROVIDER NO: D52525

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: D82985
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: DD8
RENAL NETWORK: 17
PHONE: (408)T28-0855

COVINA COMMUNITIER HEMODIALYSIS CTR
1547 W OARVEY AVE
WEST COVINA, CA 91791
PROVIDER NO: 052SRO

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 0II402
OWNERSHIP: PROFIT
INTERMEDIARY: 51DS1
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: DD5
RENAL NETWORK: 18
PHONE: (818)25D-94D4

DMA WHITTIER
12401 EAST WARNINGTON BLVD
WHITTIER, CA 90602
PROVIDER NO: 052R15

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ARSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D8D3TT
OWNERSHIP: PROFIT
INTERMEDIARY: DDD40
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: D14
RENAL NETWORK: 18
PHONE: (213)245-234I

WHITTIER DIALYSIS CENTER
10155 COLIMA RD
WHITTIER, CA 90605
PROVIDER NO: 052582

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: CAPD

DATE APPROVED: D72883
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 09
TOTAL STATIONS: DIS
RENAL NETWORK: 18
PHONE: (213)S95-TTDD

COMMUNITY DIALYSIS
820 COTTONWOOD ST,RUITE 12
WOODLARD, CA 95695
PROVIDER RD: 052370

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 122S80
OWNERSHIP: PROFIT
INTERMEDIARY: D004D
CROSS-REFER RD:

HCFA REGION: 09
TOTAL STATIONS: 008
RENAL NETWORK: I7
PHONE: (216)666-3684

NEW WEST DIALYSIS CLINIC-YUBA CITY
1007 LIVE OAK BLVD
YUBA CITY, CA 95981
PROVIDER RD: 052905

FACILITY TYPE DIALYSIS FACILITY
STAFF-ASSISTED. HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 08D48D
OWNERSHIP: PROFIT
INTERMEDIARY: 0004D
CROSS-REFER RD:

HCFA REGION: D2
TOTAL STATIONS: DDT
RENAL NETWORK: 17
PHONE: (21S)67I-36S2

DIALYSIS CENTER-AURORA 750 POTOMAC, L-33 AURORA, CO 80011 PROVIDER NO: 062514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090180 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE: (303)360-3340
DIALYSIS CENTER-BOULDER 1719 BALSAM AVE BOULDER, CO 80301 PROVIDER NO: 062513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090180 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE: (303)440-2294
PINES PEAK DIALYSIS CTR PC 2120 E LASALLE ST COLORADO SPRINGS, CO 80909 PROVIDER NO: 062507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 121078 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 020 RENAL NETWORK: 15 PHONE: (303)471-4616
UNIVERSITY OF COLORADO 4200 E NINTH AVE DENVER, CO 80262 PROVIDER NO: 060024	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 052303	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE: (303)394 0001
VA HOSP 1055 CLERMONT ST, 111C DENVER, CO 80220 PROVIDER NO: 060054	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 052305	HCFA REGION: 08 TOTAL STATIONS: 017 RENAL NETWORK: 15 PHONE: (303)399-8020
PORTER MEMORIAL HOSP 2525 SOUTH DOWNING STREET DENVER, CO 80210 PROVIDER NO: 060064	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 012706 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 062807	HCFA REGION: 08 TOTAL STATIONS: 015 RENAL NETWORK: 16 PHONE: (505)770-5705
ROCKY MOUNTAIN KIDNEY CENTER 4545 EAST 9TH AVE. SUITE 140 DENVER, CO 80220 PROVIDER NO: 062501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 071877 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 029 RENAL NETWORK: 15 PHONE: (303)320-2911
COMMUNITY DIALYSIS SERVICE DENVER 2401 S DOWNING ST DENVER, CO 80210 PROVIDER NO: 062509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 061281 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 015 RENAL NETWORK: 15 PHONE: (303)778-0355
AMI/ST LUKES HOSPITAL 601 EAST 19TH AVE DENVER, CO 80203 PROVIDER NO: 060014	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 082685 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO: 052510	HCFA REGION: 08 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE: (303)869-2156
DIALYSIS CENTER-DENVER 1719 E 19TH AVE DENVER, CO 80218 PROVIDER NO: 062512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090180 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE: (303)839-5110
NORTHERN COLORADO KIDNEY CTR 1213 RIVERSIDE FT COLLINS, CO 80524 PROVIDER NO: 062505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 011979 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE: (505)493-7575

STATE-COLORADO CONTINUED

ST MARYS HOSP & MED CTR 7TH PATTERSON RD GRAND JUNCTION, CO 81501 PROVIDER NO: 060028	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:062302	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE:(303)244-2198
WILLOW STATION DIALYSIS 2960 27TH ST,SUITE 500 GREELEY, CO 80631 PROVIDER NO: 062510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040887 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE:(303)330-6100
WESTERN DIALYSIS CTR PC 1750 PIERCE ST LAKEWOOD, CO 80214 PROVIDER NO: 062502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 018 RENAL NETWORK: 15 PHONE:(303)238-6111
ST MARY CORWIN HOSPITAL 1008 MINNEQUA AVE, NW 4TH PUEBLO, CO 81004 PROVIDER NO: 060012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:062301	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(303)560-4000
WESTERN DIALYSIS CTR NORTH 8888 FOX DR, SUITE 200 THORNTON, CO 80229 PROVIDER NO: 062511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050389 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 15 PHONE:(303)430-7020

STATE=CONNECTICUT

SO CT OUT-OF-HOSP DIALYSIS UNIT 900 MADISON AVE BRIDGEPORT, CT 06606 PROVIDER NO: 072501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 052 RENAL NETWORK: 01 PHONE: (203)366-6195
DANBURY HOSP-ESRD 24 HOSPITAL AVE DANBURY, CT 06810 PROVIDER NO: 070033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO: 072306	HCFA REGION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 01 PHONE: (203)797-7606
ST FRANCIS HOSP 114 WOODLAND ST HARTFORD, CT 06105 PROVIDER NO: 070002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 50333 CROSS-REFER NO: 072501	HCFA REGION: 01 TOTAL STATIONS: 015 RENAL NETWORK: 01 PHONE: (205)546-4023
MT SINAI HOSP 500 BLUE HILLS AVE HARTFORD, CT 06112 PROVIDER NO: 070013	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 100981 OWNERSHIP: NONPROFIT INTERMEDIARY: 50072 CROSS-REFER NO: 072318	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 01 PHONE: (203)286-4890
HARTFORD HOSP 80 SEYMOUR ST HARTFORD, CT 06115 PROVIDER NO: 070025	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 51070 CROSS-REFER NO: 072307	HCFA REGION: 01 TOTAL STATIONS: 020 RENAL NETWORK: 01 PHONE: (203)524-2060
MIDDLESEX MEM HOSP 50 CRESCENT ST MIDDLETOWN, CT 06457 PROVIDER NO: 070020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 071581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 072312	HCFA REGION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 01 PHONE: (203)334-6126
NEW BRITAIN GEN HOSP 100 GRAND ST NEW BRITAIN, CT 06050 PROVIDER NO: 070035	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51070 CROSS-REFER NO: 072310	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (203)224-5195
THE HOSPITAL OF ST RAPHAEL 1450 CHAPEL ST NEW HAVEN, CT 06511 PROVIDER NO: 070001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 072300	HCFA REGION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 01 PHONE: (205)769-3405
YALE NEW HAVEN HOSP 20 YORK ST. NEW HAVEN, CT 06504 PROVIDER NO: 070022	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 072305	HCFA REGION: 01 TOTAL STATIONS: 015 RENAL NETWORK: 01 PHONE: (203)785-2197
NEW HAVEN CAPD, INC. 150 SHERMAN AVE, SUITE 208 NEW HAVEN, CT 06511 PROVIDER NO: 072503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092185 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 01 PHONE: (203)787-0117
NORWALK HOSPITAL MAPLE STREET NORWALK, CT 06856 PROVIDER NO: 070054	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 072309	HCFA REGION: 01 TOTAL STATIONS: 019 RENAL NETWORK: 01 PHONE: (203)852-2440

STATE-CONNECTICUT CONTINUED

WILLIAM W BACKUS HOSP R2E WASHINGTON ST NORWICH, CT 06360 PROVIDER NO: 070024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:072506	HCFA REGION: 01 TOTAL STATIONS: 005 RENAL NETWORK: 01 PHONE:(203)823-6806
NE REGIONAL DIALYSIS UNIT 81 UNION ST ROCKVILLE, CT 06066 PROVIDER NO: 070012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082377 OWNERSHIP: NONPROFIT INTERMEDIARY: 50RR3 CROSS-REFER NO:072505	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE:(203)872-0501
DIALYSIS ASSOCIATES P.C. 100 W BROAD ST STAMFORD, CT 06902 PROVIDER NO: 072504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050585 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 003 RENAL NETWORK: 01 PHONE:(203)538-5555
CHARLOTTE HUNGERFORD HOSP 540 LITCHFIELD ST TORRINGTON, CT 06790 PROVIDER NO: 070011	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 071778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072311	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 01 PHONE:(203)496-3370
WATERBURY HOSP 64 ROBBINS ST WATERBURY, CT 06708 PROVIDER NO: 070008	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:072502	HCFA REGION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 01 PHONE:(203)573-6000
ST MARYS HOSP 56 FRANKLIN ST WATERBURY, CT 06702 PROVIDER NO: 070018	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:072304	HCFA REGION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 01 PHONE:(203)597-3574

RENAL CARE CENTER OF DOVER 740 S NEW ST DOVER, DE 19901 PROVIDER NO: 082502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 122879 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE: (302)678-0744
KENT GENERAL HOSPITAL 640 S STATE STREET DOVER, DE 19901 PROVIDER NO: 080004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 04 PHONE: (302)734-4700
MEDICAL CENTER OF DELAWARE P.O. BOX 1668 WILMINGTON, DE 19899 PROVIDER NO: 080001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO: 082300	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE: (302)738-1001
RENAL CARE CENTER OF BRANDYWINE 2300 PENNSYLVANIA AVENUE WILMINGTON, DE 19806 PROVIDER NO: 082501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00070 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE: (302)650-7469

STATE-DISTRICT OF COLUMBIA

GEORGE WASHINGTON UNIV HOSP
901 23RD ST, NW
WASHINGTON, DC 20037
PROVIDER NO: 090001

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:092500

HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE:(202)676-2500

HOWARD UNIVERSITY HOSPITAL
2112 GEORGIA AVE NW
WASHINGTON, DC 20060
PROVIDER NO: 090004

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:092301

HCFA REGION: 03
TOTAL STATIONS: 022
RENAL NETWORK: 05
PHONE:(202)252-0554

GEORGETOWN UNIV HOSP
3800 RESERVOIR RD NW
WASHINGTON, DC 20007
PROVIDER NO: 090004

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:092302

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE:(202)625-7003

DISTRICT OF COLUMBIA GEN HOSP
19TH & MASS AVE SE
WASHINGTON, DC 20003
PROVIDER NO: 090007

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:052503

HCFA REGION: 03
TOTAL STATIONS: 004
RENAL NETWORK: 05
PHONE:(202)675-5404

GREATER SE COMMUNITY HOSPITAL
1310 SOUTHERN AVE SE
WASHINGTON, DC 20032
PROVIDER NO: 090008

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080884
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:092306

HCFA REGION: 03
TOTAL STATIONS: 003
RENAL NETWORK: 05
PHONE:(202)574-6000

WASHINGTON HOSP CTR
110 IRVING ST NW
WASHINGTON, DC 20010
PROVIDER NO: 090011

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:052304

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE:(202)541-5101

DNA OF DUPONT CIRCLE
[] DUPONT CIRCLE NW SUITE LL 100
WASHINGTON, DC 20036
PROVIDER NO: 092501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 026
RENAL NETWORK: 05
PHONE:(202)466-0176

DNA OF CAPITOL HILL
900 M STREET NT
WASHINGTON, DC 20003
PROVIDER NO: 092502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 050177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 026
RENAL NETWORK: 05
PHONE:(202)547-2880

DNA COLUMBIA HEIGHTS
1001 IRVING ST NW, SUITE 221
WASHINGTON, DC 20010
PROVIDER NO: 092503

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 05
PHONE:(202)828-0060

DNA OF SOUTHEAST WASH.
1350 SOUTHERN AVE SE
WASHINGTON, DC 20032
PROVIDER NO: 092504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 011378
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE:(202)561-0828

DNA TAKOMA PARK
247 CARROLL ST NW
WASHINGTON, DC 20012
PROVIDER NO: 092505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 052780
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE:(202)726-8010

BMA OF ANACOSTIA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082703	HCFA REGION: 03
3929 MINNESOTA AVE NE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
WASHINGTON, DC 20019	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 092508	TRAINING:	CROSS-REFER NO:	PHONE: (202)397-2200
CHILDREN'S HOSPITAL NAT'L MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 070184	HCFA REGION: 03
111 MICHIGAN AVE NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
WASHINGTON, DC 20010	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 093300	TRAINING: CAPD	CROSS-REFER NO: 052308	PHONE: (202)745-5148
G.W.U. AMBULATORY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 030784	HCFA REGION: 03
2150 PENNSYLVANIA AVE NW,6-S 0230	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WASHINGTON, DC 20037	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 093500	TRAINING: CAPD	CROSS-REFER NO:	PHONE: (202)676-6667
BMA OF MARTIN LUTHER KING	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120285	HCFA REGION: 03
2051 MARTIN LUTHER KING AVE SE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WASHINGTON, DC 20020	SELF-CARE:	INTERMEDIARY: 00000	RENAL NETWORK: 05
PROVIDER NO: 092509	TRAINING:	CROSS-REFER NO:	PHONE: (202)889-1919
GRANT PARK DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012286	HCFA REGION: 03
5000 BURROUGHS AVE, NE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WASHINGTON, DC 20019	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 092510	TRAINING:	CROSS-REFER NO:	PHONE: (202)399-7700

STATE-FLORIDA

APOPKA ARC
1000 W ORANGE BLOSSOM TRAIL
APOPKA, FL 32712
PROVIDER NO: 102862

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021588
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 07
PHONE: (305)889-4817

RENAL CARE CENTER OF BELLE GLADE
1201 S MAIN ST-POB 127
BELLE GLADE, FL 33460
PROVIDER NO: 102871

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082284
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 07
PHONE: (305)996-0168

BOCA RATON ARTIFICIAL KIDNEY CTR
660 NW 51H CT
BOCA RATON, FL 33462
PROVIDER NO: 102820

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 060176
OWNERSHIP: PROFIT
INTERMEDIARY: 00060
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 07
PHONE: (305)342-3940

WEST BOCA DIALYSIS CTR INC
18801 HAMPTON DR
BOCA RATON, FL 33434
PROVIDER NO: 102887

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 050687
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 007
RENAL NETWORK: 07
PHONE: (305)488-0202

BRADENTON ARTIFICIAL KIDNEY CENTER
3802 MANATEE WEST BLVD
BRADENTON, FL 33625
PROVIDER NO: 102888

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 010780
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 07
PHONE: (813)746-5662

BRANDON ARC
884 OAKFIELD DR
BRANDON, FL 33511
PROVIDER NO: 102884

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 093087
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 004
RENAL NETWORK: 07
PHONE: (813)685-5228

BROOKSVILLE ARTIFICIAL KIDNEY CENTER
617 LAMAR AVE
BROOKSVILLE, FL 33601
PROVIDER NO: 102880

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 020283
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 07
PHONE: (904)796-7266

HERNANDO KIDNEY CTR
14576 CORTEZ BLVD W-ARC
BROOKSVILLE, FL 33615
PROVIDER NO: 102802

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060388
OWNERSHIP: PROFIT
INTERMEDIARY: 00060
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 07
PHONE: (813)863-5459

CAPE CORAL DIALYSIS CENTER, INC
1610 HANCOCK BRIDGE PARKWAY, #6
CAPE CORAL, FL 33904
PROVIDER NO: 102877

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 102385
OWNERSHIP: PROFIT
INTERMEDIARY: 00060
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 07
PHONE: (813)772-5600

COMMUNITY DIALYSIS NCCB OF CLEARWATER
1290 SOUTH MISSOURI AVENUE
CLEARWATER, FL 34616
PROVIDER NO: 102828

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 063078
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 024
RENAL NETWORK: 07
PHONE: (813)461-5477

CLEARWATER ARTIFICAL KIDNEY CENTER
2565 ENTERPRISE RD
CLEARWATER, FL 34623
PROVIDER NO: 102842

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 062580
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 07
PHONE: (813)251-8067

BMA OF CORAL GABLES
200 SAN LORENZO
CORAL GABLES, FL 33146
PROVIDER NO: 102572

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 010455
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 07
PHONE: (305)445-0230

NW BROWARD ARTIFICIAL KIDNEY CENTER
5229 W ATLANTIC BLVD
CORAL SPRINGS, FL 33065
PROVIDER NO: 102544

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 111480
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 017
RENAL NETWORK: 07
PHONE: (305)752-0770

CORAL SPRINGS ARTIFICIAL KIDNEY CTR
10139 NW 31 ST S-102
CORAL SPRINGS, FL 33065
PROVIDER NO: 102505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 062386
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 07
PHONE: (305)883-2100

COMMUNITY DIALYSIS SERVICE-DAYTONA
575 N CLYDE MORRIS BLVD SUITE B
DAYTONA BEACH, FL 32014
PROVIDER NO: 102521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: PERI
TRAINING: PERI CAPD

DATE APPROVED: 090176
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFIN NO:

HCFA REGION: 04
TOTAL STATIONS: 023
RENAL NETWORK: 07
PHONE: (904)258-7311

COMMUNITY DAILYSIS SVCS OF DELAND
145 EAST RICH AVE, SUITE B
DELAND, FL 32724
PROVIDER NO: 102573

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021585
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 007
RENAL NETWORK: 07
PHONE: (904)736-2570

DELRAY ARTIFICIAL KIDNEY CTR
5210 LINTON BLVD SUITE 105
DELRAY BEACH, FL 33445
PROVIDER NO: 102567

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091983
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 07
PHONE: (305)495-0850

COMMUNITY DIALYSIS SVCS OF ENGLEWOOD
900 E PINE ST S 216
ENGLEWOOD, FL 34223
PROVIDER NO: 102599

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 050858
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 07
PHONE: (813)475-0503

BROWARD NEPHROLOGY ASSOCIATES
1301 S ANDREWS AVE
FORT LAUDERDALE, FL 33316
PROVIDER NO: 102555

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO CAPD

DATE APPROVED: 090152
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 07
PHONE: (305)455-5131

NORTH BROWARD NEPHROLOGIST ASSOCIATES
1815 E COMMERCIAL BLVD 9305
FORT LAUDERDALE, FL 33308
PROVIDER NO: 102560

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 030183
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 07
PHONE: (305)491-0023

SW FLORIDA REGIONAL MEDICAL CENTER
3765 EVANS AVE
FORT MYERS, FL 33901
PROVIDER NO: 100220

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 121875
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO: 102521

HCFA REGION: 04
TOTAL STATIONS: 007
RENAL NETWORK: 07
PHONE: (813)939-1147

DIALYSIS SVCS OF SW FLORIDA
3722 CENTRAL AVE S3
FORT MYERS, FL 33901
PROVIDER NO: 102588

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: PERI
SELF-CARE:
TRAINING: PERI

DATE APPROVED: 120387
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 002
RENAL NETWORK: 07
PHONE: (813)939-0999

FT LAUDERDALE RENAL ASSOC N221 N FEDERAL HWY FT LAUDERDALE, FL 33308 PROVIDER NO: 102587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121787 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 07 PHONE: (305)495-7579
SOUTH FLORIDA ARTIFICIAL KIDNEY CTR 2275 SPANISH COURT FT MYERS, FL 33901 PROVIDER NO: 102515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 07 PHONE: (813)559-0213
COMMUNITY DIALYSIS SVCS OF FT PIERCE 805 VIRGINIA AVE, S-1 FT PIERCE, FL 34982 PROVIDER NO: 102574	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051085 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 07 PHONE: (404)554-0737
EMERALD COAST KIDNEY CENTER 51 YACHT CLUB DR FT WALTON, FL 32548 PROVIDER NO: 102580	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 112486 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE: (904)862-8228
SHANDS TEACHING HOSP & CLINICS JHMHC BOX J-228 GAINESVILLE, FL 32610 PROVIDER NO: 100119	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102312	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE: (904)392-2866
BMA OF GAINESVILLE 6805 NW 5TH BLVD GAINESVILLE, FL 32605 PROVIDER NO: 109515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 050175 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 07 PHONE: (904)377-2421
HALLANDALE AMI KIDNEY CTR 230 S DIXIE HWY HALLANDALE, FL 33009 PROVIDER NO: 102401	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051788 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE: (305)583-2100
HIALEAH NDSP DIALYSIS UNIT 651 EAST 55TH ST HIALEAH, FL 33013 PROVIDER NO: 100085	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 102108	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 07 PHONE: (305)553-5100
PALMETTO MIAMI/LAKES DIALYSIS CTR 7100 W 20TH AVE, SUITE 0-1 HIALEAH, FL 33010 PROVIDER NO: 102550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060170 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 07 PHONE: (305)826-5000
MEMORIAL NDSP DIALYSIS UNIT 3501 JOHNSON ST HOLLYWOOD, FL 33021 PROVIDER NO: 100058	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 050175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102505	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE: (305)587-2000
SOUTH BROWARD ANC 5700 WASHINGTON ST SUITE 102 HOLLYWOOD, FL 33021 PROVIDER NO: 102504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 060175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 050 RENAL NETWORK: 07 PHONE: (305)962-2211

BMA OF HOLLYWOOD 2655 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 PROVIDER NO: I02508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090779 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE: (305)925-1271
HOMESTEAD ARTIFICIAL KIDNEY CTR 99 NE 8TH ST HOMESTEAD, FL 33030 PROVIDER NO: I02565	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 050883 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE: (305)245-0241
BAYONET POINT/HUDSON KIDNEY CTR 14134 NEPNRON LANE HUDSON, FL 33567 PROVIDER NO: I02563	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 122382 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE: (813)863 9457
INVERNESS DIALYSIS CENTER 208 W HIONLANOS BLVD INVERNESS, FL 32652 PROVIDER NO: I02579	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120486 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE: (904)637-0500
UNIV MEDICAL CENTER DIALYSIS UNIT 655 WEST EIGHTH STREET JACKSONVILLE, FL 32209 PROVIDER NO: I00007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090779 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102300	HCFA REGION: 04 TOTAL STATIONS: 043 RENAL NETWORK: 07 PHONE: (904)358-3272
RIVERSIDE HOSP DIALYSIS UNIT 2055 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 PROVIDER NO: I00085	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 061181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102529	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE: (904)387-7000
DIALYSIS CLINIC INC 755 RIVERSIDE AVE JACKSONVILLE, FL 32204 PROVIDER NO: I02551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121378 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 050 RENAL NETWORK: 07 PHONE: (904)356-8502
BAPTIST MEDICAL CENTER DIALYSIS UNIT 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 PROVIDER NO: I00088	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010187 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102550	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 07 PHONE: (904)393-2645
RENAL CARE CTRS OF JACKSONVILLE 1771-6 EDGEWOOD AVE W JACKSONVILLE, FL 32208 PROVIDER NO: I02610	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 080285 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE: (904)768-0516
KEY WEST KIDNEY CENTER 520 SOUTHARO ST KEY WEST, FL 33040 PROVIDER NO: I02543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAIN NO:	DATE APPROVED: 071480 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE: (306)294-0464
OSCEOLA ARTIFICIAL KIDNEY CENTER 201 NILDA ST SUITE 23 KISSIMMEE, FL 32741 PROVIDER NO: I02569	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 022984 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE: (306)933-2210

RFD MEDICAL APPLICATIONS OF LAKE CITY SUN E FRANKLIN ST-BOX 2555 LAKE CITY, FL 32025 PROVIDER NO: 102548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050101 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(904)377-2421
LAKE WALES KIDNEY CTR 410 S 11TH ST LAKE WALES, FL 33853 PROVIDER NO: 100095	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100107 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102552	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(813)676-1433
LAKE WALES KIDNEY CTR 410 S 11TH ST LAKE WALES, FL 33853 PROVIDER NO: 102411	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 032887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE:(813)676-1433
COMMUNITY DIALYSIS SVCS OF LAKELAND 515 E BELLA VISTA LAKELAND, FL 33805 PROVIDER NO: 102824	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050176 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 07 PHONE:(813)500-5463
WATSON CLINIC KIDNEY CTR 1800 LAKELAND HILLS BLVD LAKELAND, FL 33805 PROVIDER NO: 102516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082785 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 07 PHONE:(813)687-4000
S PALM BEACH DIALYSIS CTR 1177 HYPOLUXO RD LANTANA, FL 33462 PROVIDER NO: 102595	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 032480 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 07 PHONE:(305)586-8211
FLORIDA MEDICAL CTR HOSP-ESRD 5000 W. OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33313 PROVIDER NO: 100210	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 032284 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:102318	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 07 PHONE:(305)735-5000
FLORIDA KIDNEY CENTER 4850 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 PROVIDER NO: 102555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 040183 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 07 PHONE:(305)735-6000
W BROWARD DIALYSIS CTR 1555 W OAKLAND PARK BLVD LAUDERHILL, FL 33313 PROVIDER NO: 102800	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 042988 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(305)749-7700
MID-FLORIDA DIALYSIS INC 801 E DIXIE AVE #A-104 LEESBURG, FL 32748 PROVIDER NO: 102591	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092481 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE:(904)728-1153
MELBOURNE KIDNEY CENTER 1400 SOUTH APOLLO BLVD MELBOURNE, FL 32901 PROVIDER NO: 102517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 050176 OWNERSHIP: SOSPROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 07 PHONE:(305)724-0481

BNEVAND KIDNEY HYPENTENSION CENTEN 378 S COURTENAY PARKWAYUNIT 7 MERRITT ISLAND, FL 32952 PROVIDER ND: 102553	FACILITY TYPE: DIALYSIS FACILITY STAFF-AS6I6TED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPNOVED: 020482 OWNEN6HIP: PNOFIT INTENMEDIANY: 00090 CNOSS-NEFEN ND:	HCFA NEOION: 04 TOTAL NTATIONS: 016 NENAL NETWONK: 07 PHONE:(305)636-4681
JACKSON MEMORIAL HOSP-DIALYSIS UNIT 1611 NW 12TH AVE MIAMI, FL 33136 PROVIDER NO: 100022	FACILITY TYPE: TNANSPLANT/OIALYSI6 CTN STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPNOVEO: ON0178 OWNENSHIP: NON-PNOFIT INTENMEDIANY: 000NO CNOSS-NEFEN NO:102304	HCFA NEOION: 04 TOTAL STATIONS: 017 NENAL NETWONK: 07 PHONE:(612)306-0526
MOUNT SINAI MED CTR DIALYSIS UNIT 4300 ALTON RD MIAMI, FL 33140 PROVIDER NO: 100034	FACILITY TYPE: DIALYSIS CENTEN STAFF-ASSISTED: HEMO SELF-CANE: TRAINING:	DATE APPNOVED: 080178 OWNENSHIP: NON-PNOFIT INTENMEDIANY: 00090 CNOSS-NEFEN NO:102305	HCFA NEOION: 04 TOTAL STATIONS: 006 NENAL NETWONK: 07 PHONE:(305)674-2121
MERCY NOSP DIALYSIS UNIT 3663 S MIAMI AVE MIAMI, FL 33133 PROVIDER NO: 100061	FACILITY TYPE: DIALYSIS CENTEN STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090178 OWNENSHIP: NON-PNOFIT INTENMEDIANY: 000NO CNOSS-NEFEN NO:102310	HCFA NEOION: 04 TOTAL STATIONS: 010 NENAL NETWONK: 07 PHONE:(305)854-4400
PARKWAY OENERAL NOSP- 160 NW 170TH ST MIAMI, FL 33169 PROVIDER NO: 100114	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPNOVED: ON0179 OWNENSHIP: PNOFIT INTENMEDIANY: 000NO CNOSS-NIFIN NO:102313	HCFA NEOION: 04 TOIAL STATIONS: 000 NENAL NETWONK: 07 PHONE:(305)651-1100
AMI KENDALL NEOIONAL MEDICAL CTN 11750 BIRD NOAD MIAMI, FL 33165 PNOVIDER NO: 100206	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPNOVED: 090176 OWNENSHIP: PNOFIT INTENMEDIANY: 000NO CNOSS-NEFEN NO:102N17	HCFA NEOION: 04 TOIAL STATIONS: 003 NENAL NETWONK: 07 PHONE:(NO8)226-8000
S FL ARTIFICAL KID CENTER INC 8625 SW 148TH ST MIAMI, FL 33176 PROVIDER NO: 102502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPNOVEO: ON0178 OWNENSHIP: NON-PNOFIT INTENMEDIANY: 00090 CNOSS-NEFEN NO:	HCFA NEOION: 04 TOTAL STATIONS: 015 NENAL NETWONK: 07 PHONE:(305)255-8100
BMA OF MIAMI INC 1601 NW 8TH AVE MIAMI, FL 33136 PROVIDER NO: 102503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: ON0170 OWNENSHIP: PNOFIT INTENMEDIANY: 00090 CNOSS-NEFEN NO:	HCFA NEOION: 04 TOTAL STATIONNO: 038 NENAL NETWONK: 07 PHONE:(305)324-1727
PERDUE MEDICAL CENTER-ESRD 19590 OLD CUTLER RO MIAMI, FL 33157 PROVIDER NO: 102516	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPNOVED: 090176 OWNENSHIP: NON-PNOFIT INTENMEDIANY: 00090 CNOSS-NEFEN NO:	HCFA NEOION: 04 TOTAL STATIONS: 009 NENAL NETWONK: 07 PHONE:(305)233-8931
AMERICAN DIALYSIS CENTER INC 11880 BIRD RD. SUITE 405 MIAMI, FL 33175 PROVIDER NO: 102522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPO	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 07 PHONE:(305)223-7801
INTERAMERICAN DIALYSIS INSTITUTE 2350 SW 84TH AVE MIAMI, FL 33155 PROVIDER NO: 102532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPO CCPD	DATE APPROVED: 120276 OWNERSHIP: PROFIT INTERMEDIARY: 51100 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 07 PHONE:(305)251-4823

STATE-FLORIDA CONTINUED

MIAMI DIALYSIS CENTER INC 1250 NW 7TH ST A107 MIAMI, FL 33125 PROVIDER NO: 102686	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 07 PHONE: (305) 343-7660
LEJEUNE DIALYSIS CENTER 4556 N.W. 7TH STREET MIAMI, FL 33126 PROVIDER NO: 102578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HOME SELF-CARE: TRAINING:	DATE APPROVED: 030786 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE: (305) 448-6688
CENTER FOR KIDNEY DISEASE 1150 NW 20TH ST S208 MIAMI, FL 33150 PROVIDER NO: 102583	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI	DATE APPROVED: 050787 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE: (305) 835-7045
OREALTH MIAMI DIALYSIS CTR INC 160 NW 17ATH ST B100 MIAMI, FL 33145 PROVIDER NO: 102584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121587 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE: (305) 791-4787
WEST KENDALL DIALYSIS CTR 13500 N KENDALL DR S-151 MIAMI, FL 33184 PROVIDER NO: 102585	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040188 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE: (305) 387-1153
ST FRANCIS HOSP DIALYSIS UNIT 250 W 63 ST MIAMI BEACH, FL 33141 PROVIDER NO: 100086	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO: 102306	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 07 PHONE: (305) 866-3000
SOUTH FLORIDA AAA-NAPLES 5147 CASTELLO DRIVE NAPLES, FL 33940 PROVIDER NO: 102564	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020178 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE: (813) 263-0803
GULF COAST KIDNEY CENTER 2407 SOUTH BLVD NEW PORT RICHEY, FL 34652 PROVIDER NO: 102626	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061678 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE: (813) 848-1274
NEW PORT RICHEY KIDNEY CTR INC P.O. BOX 818 NEW PORT RICHEY, FL 34656 PROVIDER NO: 102660	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011588 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE: (813) 869-5456
NORTH BEACH DIALYSIS CENTER 16401 NW 2ND AVE A100 NORTH MIAMI BEACH, FL 33169 PROVIDER NO: 102558	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022383 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 07 PHONE: (305) 940-9363
OCALA REGIONAL KIDNEY CENTER 2656 S.E. 3RD COURT OCALA, FL 32674 PROVIDER NO: 102567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061979 OWNERSHIP: PROFIT INTERMEDIARY: 00060 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 07 PHONE: (904) 732-3536

RENAL CARE CTR OF OKEECHOBEE 10T SW 11TH ST OKEECHOBEE, FL 34974 PROVIDER NO: I02589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 020588 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE: (813)972-7100
NE FL DIALYSIS CTR 2020 KIROSLEY AVE,SUITE B ORANGE PARK, FL 32073 PROVIDER NO: I02591	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020988 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE: (904)272-1331
ORLANDO REGIONAL MEDICAL CTR INC 1414 S KUHL AVE ORLANDO, FL 32806 PROVIDER NO: 100006	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 050178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO: 102301	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 07 PHONE: (305)841-5111
FLORIDA HOSPITAL DIALYSIS UNIT 601 E ROLLINS AVE ORLANDO, FL 32803 PROVIDER NO: 10000T	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00050 CROSS-REFER NO: 102302	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE: (305)885-6511
CENTRAL FLORIDA KIDNEY CENTER INC 105 BONNIE LOCH COURT ORLANDO, FL 32806 PROVIDER NO: 102505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE: (305)843-8180
ORLANDO ARTIFICAL KIDNEY CTR 3100 CLAY AVE SUITE 151 ORLANDO, FL 32804 PROVIDER NO: I025II	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090178 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 07 PHONE: (305)840-4015
CENTRAL FLORIDA AKC 4301 VINELAND RD S-E17 ORLANDO, FL 32811 PROVIDER NO: I02585	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 07 PHONE: (305)425-4416
PALM BEACH GARDENS ARTIFICAL KID CTR 3370 BURNS RD #206 PALM BEACH GARDENS, FL 33410 PROVIDER NO: I02527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080178 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE: (305)622-2800
COMMUNITY DIALYSIS SVCS OF PALM HARBOR 1122 US 19 S, S100 PALM HARBOR, FL 34684 PROVIDER NO: 102598	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 051588 OWNERSHIP: PROFIT INTERMEDIARY: 00050 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 07 PHONE: (813)787-6601
PALMETTO ARTIFICIAL KIDNEY CTR 905 9TH AVE EAST PALMETTO, FL 33561 PROVIDER NO: I02562	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE: (813)729-4058
PANAMA CITY ARTIFICIAL KIDNEY CENTER 510 N MACARTHUR AVE (BOX 2347) PANAMA CITY, FL 32402 PROVIDER NO: I02514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 050176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 07 PHONE: (904)785-1283

RAPIDS HOSP 1000 WEST MORENO STREET PENSACOLA, FL 32501 PROVIDER NO: 100098	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 0714R1 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 0T PHONE:(904)434-4371
WEST FLORIDA HOSP 8383 N DAVIS HIGHWAY PENSACOLA, FL 32504 PROVIDER NO: 100201	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 0901T9 OWNERSHIP: PROFIT INTERMEDIARY: 522R0 CROSS-REFER NO:102319	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 07 PHONE:(904)47R-4480
NEPHROLOGY CENTER OF PENSACOLA 1717 NORTH "E" ST #909 PENSACOLA, FL 32501 PROVIDER NO: 102501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 07 PHONE:(904)433-5451
MEDICAL CTR CLINIC DIALYSIS CTR 8383 N DAVIS HWY PENSACOLA, FL 32514 PROVIDER NO: 102910	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 0901T9 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(904)47R-4121
COMMUNITY DIALYSIS SER OF PLANT CITY 121 PROSSER DRIVE PLANT CITY, FL 33566 PROVIDER NO: 102594	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040282 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 0T PHONE:(813)752-2136
BROWARD CHRONIC HEMODIALYSIS INC 4101 NW 41ST ST,SUITE 207 PLANTATION, FL 33317 PROVIDER NO: 102854	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 011080 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 0T PHONE:(303)583-2100
POMPANO ARTIFICIAL KIDNEY CENTER 1600 NE 3RD AVE POMPANO BEACH, FL 33064 PROVIDER NO: 102988	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080R84 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 07 PHONE:(303)771-9340
NE BROWARD ARTIFICIAL KIDNEY CTR 5454 NE 13TH TERRACE POMPANO BEACH, FL 33064 PROVIDER NO: 102910	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 032384 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE:(303)739-2311
PORT CHARLOTTE ARTIFICIAL KIDNEY CTR 2329 HARBOR BLVD, SUITE 107 PORT CHARLOTTE, FL 33952 PROVIDER NO: 102949	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080381 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 0T PHONE:(813)925-2822
COMMUNITY DIALYSIS SVCS OF PORT LUCIE 1905 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 PROVIDER NO: 102A08	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082088 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(407)335-5020
PORT ST LUCIE ARTIFICIAL KIDNEY CTR 1801 SE HILLMOOR DR .,9-10A PORT ST LUCIE, FL 33952 PROVIDER NO: 102A09	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED. HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071IR0 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 07 PHONE:(407)289-24T0

BMA OF SANFORD INC
210 E COMMERICIAL ST
SANFORD, FL 32771
PROVIDER NO: 102545

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 121580
OWNERSHIP: PROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 07
PHONE: (305)323-3706

SARASOTA PHYSICIANS DIALYSIS CTR
1215 E AVE S, #303
SARASOTA, FL 34239
PROVIDER NO: 102595

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 040888
OWNERSHIP: PROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 021
RENAL NETWORK: 07
PHONE: (813)952-1191

RENAL CARE CENTER OF SEBRING
10 MEDICAL CENTER
SEBRING, FL 33870
PROVIDER NO: 102554

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060183
OWNERSHIP: PROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 07
PHONE: (813)385-7351

SEMINOLE DIALYSIS CTR
5555 SEMINOLE BLVD, N6
SEMINOLE, FL 34642
PROVIDER NO: 102581

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PENI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 020587
OWNERSHIP: PROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 004
RENAL NETWORK: 07
PHONE: (813)393-6551

RENAL CARE CENTER OF ST AUGUSTINE
11 TREMERTON ST N2
ST AUGUSTINE, FL 32084
PROVIDER NO: 102557

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 122082
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 07
PHONE: (904)824-6191

BIO MED APPLICATIONS OF ST PETERSBURG
8501 4TH ST NORTH,SUITE 110
ST PETERSBURG, FL 33702
PROVIDER NO: 102519

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 07
PHONE: (813)251-5067

SOUTH ST PETERSBURG ART KID CENTER
3251 3RD AVE NORTH #125
ST PETERSBURG, FL 33713
PROVIDER NO: 102547

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PENI
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 100180
OWNERSHIP: PROFIT
INTERMEDIARY: 00ONO
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 017
RENAL NETWORK: 07
PHONE: (813)822-2385

ALL CHILDREN'S HOSPITAL(ESRD)
801 SIXTH ST SOUTH, BOX 785
ST PETERSBURG, FL 33701
PROVIDER NO: 103300

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PENI
SELF-CARE:
TRAINING: PERI CAPD

DATE APPROVED: 100183
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO: I02026

HCFA REGION: 04
TOTAL STATIONS: 004
RENAL NETWORK: 07
PHONE: (813)896-7451

BAY AREA DIALYSIS CTR
1101 9TH ST N
ST PETERSBURG, FL 33701
PROVIDER NO: 102504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 072250
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 07
PHONE: (813)570-1122

THE BAYS DIALYSIS CTR
3100 6TH ST S S-203
ST PETERSBURG, FL 33705
PROVIDER NO: 102508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PENI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 071288
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 007
RENAL NETWORK: 07
PHONE: (813)521-4300

INDIAN RIVER ARTIFICAL KIDNEY CENTER
1851 S KANNER HWY
STUART, FL 33494
PROVIDER NO: 102525

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PENI CAPD CCPD

DATE APPROVED: 090176
OWNERSHIP: PROFIT
INTERMEDIARY: 00090
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 07
PHONE: (305)286-2470

TALLAHASSEE MEMORIAL REG MEDICAL CTR 1221 HODGES DRIVE TALLAHASSEE, FL 32308 PROVIDER NO: 100188	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 09D176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00D&D CROSS-REFER NO:102&15	HCFA REGION: 04 TOTAL STATIONS: 037 RENAL NETWORK: 07 PHONE:(&04)681-5403
RENAL CARE CTRS OF TAMARAC 7800 N UNIV DR N-301 TAMARAC, FL 33321 PROVIDER NO: 102607	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 062300 OWNERSHIP: P&OFIT INTERMEDIARY: 00D&O CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE:(305)720-8260
TAMPA GENERAL HOSP DIALYSIS UNIT DAVIS ISLAND TAMPA, FL 33606 PROVIDER NO: 100129	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 05D175 OWNERSHIP: NONPROFIT INTERMEDIARY: 000&D CROSS-REFER NO:1D2314	HCFA REGION: 04 TOTAL STATIONS: 036 RENAL NETWORK: 07 PHONE:(813)&74-4214
BIO MEDICAL APPLICATIONS OF TAMPA 402 NORTH BOULEVARD TAMPA, FL 33606 PROVIDER NO: 102A08	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 09D176 OWNERSHIP: PNOFIT INTERMEDIARY: DDD&D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 07 PHONE:(813)251-8067
COMMUNITY DIALYSIS SVCS OF TAMPA 1226 131ST AVE TAMPA, FL 33612 PROVIDER NO: 102525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 05D175 OWNERSHIP: P&OFIT INTERMEDIARY: DDO&D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE:(813)977-1773
COMMUNITY SVCS OF CENTRAL TAMPA 4023 N ARMENIA AVE TAMPA, FL 33607 PROVIDER NO: 102805	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070700 OWNERSHIP: PNOFIT INTERMEDIARY: 00D&D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 07 PHONE:(813)871-3302
COMMUNITY DIALYSIS SVCS OF VENICE 560 N NOKOMIS AVE SUITE 30 VENICE, FL 34285 PROVIDER NO: 102A66	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022875 OWNERSHIP: P&OFIT INTERMEDIARY: DDD&O CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 07 PHONE:(813)484-3761
RENAL CARE CTR OF VERO BEACH &&& 17TH ST SUITES F H O VERO BEACH, FL 32960 PROVIDER NO: 102A57	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 042&80 OWNERSHIP: P&OFIT INTERMEDIARY: DDD&O CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(813)365-7351
RENAL CARE CTRS OF WELLINGTON 10111 FOREST HILL BLVD #188 W PALM BEACH, FL 33414 PROVIDER NO: 102&64	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 031486 OWNERSHIP: PROFIT INTERMEDIARY: DDD&D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(305)790-2283
ST MARYS HOSP DIALYSIS UNIT 901 45TH STREET WEST PALM BEACH, FL 33407 PROVIDER NO: 100010	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 05D175 OWNERSHIP: NONP&OFIT INTERMEDIARY: DDD&D CROSS-REFER NO:1D2303	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 07 PHONE:(305)844-6300
DIALYSIS ASSOCIATES OF PALM BEACHES 528 EUCALYPTUS ST WEST PALM BEACH, FL 33401 PROVIDER NO: 102&1D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 05D176 OWNERSHIP: PROFIT INTERMEDIARY: 0D0&D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 07 PHONE:(305)832-8531

COS-WINTER HAVEN 1624 6TH ST NW WINTER HAVEN, FL 33881 PROVIDER NO: 102545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 012881 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO.	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 07 PHONE:(813)294-8851
WINTER HAVEN KIDNEY CTR 700 AVENUE F NE WINTER HAVEN, FL 33881 PROVIDER NO: 100052	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102351	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE:(813)294-3410
COMMUNITY DIALYSIS SVCS OF ZEPHYRHILLS 10 ARBOR RIDGE ZEPHYRHILLS, FL 34248 PROVIDER NO: 102593	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030488 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 011 RENAL NETWORK: 07 PHONE:(813)788-4887

STATE=GEORGIA

COMMUNITY DIALYSIS SVCS OF ADEL 203 E ROBINSON ST ADEL, GA 31620 PROVIDER NO: 113650	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 040188 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(512)868-4520
DIALYSIS CLINIC INC P.O. BOX 2508 ALBANY, GA 31703 PROVIDER NO: 113505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 06 PHONE:(512)888-3696
AMERICUS DIALYSIS FACILITY 1515 LEE ST,S. AMERICUS, GA 31709 PROVIDER NO: 113520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 022483 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(512)928-2257
DIALYSIS CLINIC INC 146 GOLITHORPE ST NE ANLIROTOR, GA 31713 PROVIDER NO: 113584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100388 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 06 PHONE:(512)725-4888
ATHENS DIALYSIS FACILITY INC 2047 PRINCE AVE & A ATHENS, GA 30610 PROVIDER NO: 112513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 071877 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 035 RENAL NETWORK: 06 PHONE:(404)546-0083
EMORY UNIVERSITY HOSP- 1364 CLIFTON RD NE ATLANTA, GA 30322 PROVIDER NO: 110010	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 050184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00100 CROSS-REFER NO:112300	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(404)727-7021
ATLANTA REGIONAL NEPHROLOGY CTR 80 BUTLER ST SE ATLANTA, GA 30335 PROVIDER NO: 110080	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112307	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(404)589-4700
PIEDMONT HOSP DIALYSIS UNIT 1968 PEACHTREE RD NW ATLANTA, GA 30309 PROVIDER NO: 110005	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 061586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112308	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 06 PHONE:(404)350-3414
HENRIETTA EGLESTON HOSP FOR CHILDREN 1405 CLIFTON RD NE ATLANTA, GA 30322 PROVIDER NO: 110150	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 010584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112313	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(404)325-6148
NORTHSIDE DIALYSIS CENTER 595 JOHNSON FERRY RD BLDG D#150 ATLANTA, GA 30342 PROVIDER NO: 112505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(404)256-3110
DIALYSIS CLINIC,INC - PIEDMONT 120 PIEDMONT AVE.,NE ATLANTA, GA 30303 PROVIDER NO: 113303	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 040 RENAL NETWORK: 06 PHONE:(404)586-3756

BIO-MEDICAL APPLICATIONS OF ATLANTA
1595 PHOENIX BLVD #1
ATLANTA, GA 30349
PROVIDER NO: 112502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAININD: HEMO CAPD CCPD

DATE APPROVED: 090178
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 016
RENAL NETWORK: 06
PHONE: (404)996-0009

DIALYSIS CLINIC INC, PEACHTREE
828 WEST PEACHTREE ST,SUITE 302
ATLANTA, GA 30308
PROVIDER NO: 112512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPROVED: 080677
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (404)589-4364

DIALYSIS CLINIC INC
620 W PEACHTREE RW
ATLARTA, DA 30306
PROVIDED NO: 112522

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO PENI CAPD CCPD

DATE APPROVED: 070681
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (404)688-3349

SW ATLANTA DIALYSIS CTR INC.
3620 MARTIN L KIND DR SW
ATLANTA, DA 30331
PROVIDER NO: 112523

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: CAPD

DATE APPROVED: 082481
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (404)696-7300

MED COLLEGE OF GA HOSP & CLINICS
1120 15TH ST
AUGUSTA, DA 30912
PROVIDER NO: 110034

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAININD: HEMO PENI CAPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:112303

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 06
PHONE: (404)828-0211

AUGUSTA DIALYSIS CENTER
1109 MEDICAL CTR DR #5A
AUGUSTA, DA 30909
PROVIDER NO: 112501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAININD: HEMO CAPD

DATE APPROVED: 090176
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 024
RENAL NETWORK: 06
PHONE: (404)860-9223

WILLETTE WALLACE DIALYSIS CENTER
1402 WALTOR WAY
AUGUSTA, DA 30901
PROVIDER NO: 112521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAININD:

DATE APPROVED: 021681
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 028
RENAL NETWORK: 06
PHONE: (404)722-4054

DECATUR COUNTY DIALYSIS FACILITY
700 DORDON AVE
BAINBRIDDE, DA 31717
PROVIDER NO: 112537

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD:

DATE APPROVED: 101085
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00101
CROSS REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (912)246-0280

CDS SE DA DIALYSIS FACILITY
145-A DARIEN HWY
BRUNSWICK, DA 31520
PROVIDER NO: 112514

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAININD: HEMO PENI CAPD CCPD

DATE APPROVED: 071477
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 011
RENAL NETWORK: 06
PHONE: (912)264 0657

MITCHELL COUNTY DIALYSIS FACILITY
251 US 19 NORTH
CAMILLA, DA 31730
PROVIDER NO: 112547

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPROVED: 123087
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (912)336-5674

CANTON DIALYSIS FACILITY INC
120 WALESKA RD S-2B
CANTON, DA 30114
PROVIDER NO: 112551

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPROVED: 060280
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (404)479-0259

STATE=GEORGIA CONTINUED

BMA OF CARROLLTON 215 ALABAMA STREET CARROLLTON, GA 30117 PROVIDER NO: 112570	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 01D581 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE: (404)832-1322
THE MEDICAL CTR-RENAL DIALYSIS #74 P.O. BOX 951 COLUMBUS, GA 31804 PROVIDER NO: 110064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 05D175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO: 112305	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 06 PHONE: (404)571-1229
DIALYSIS CLINIC INC, COLUMBUS 710 FRONT AVE COLUMBUS, GA 31901 PROVIDER NO: 112580	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081788 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 06 PHONE: (404)323-2415
CORDELE DIALYSIS FACILITY 408 R RECORD ST CORDELE, GA 31015 PROVIDER NO: 112552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083008 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE: (912)278-2335
BMA-COVINGTON 413A MONROE DR COVINGTON, GA 30209 PROVIDER NO: 112556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING	DATE APPROVED: 053184 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (404)787-6720
DALTON DIALYSIS CENTER 1401 SURLEYSON DRIVE DALTON, GA 30720 PROVIDER NO: 112524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 010182 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (404)278-1070
BMA-DERALD DWINNELL 467 RIRR WAY SUITE 310 DECATUR, GA 30030 PROVIDER NO: 112511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE: (404)294-7033
COMMUNITY DIALYSIS SVCS 1757 CAROLIN RD DECATUR, GA 30032 PROVIDER NO: 112553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091688 OWNERSHIP: PROFIT INTERMEDIARY: 00100 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 05 PHONE: (404)364-0737
KIDNEY DIALYSIS FAC OF DOUGLAS 101 BOWER MILL RD DOUGLAS, GA 31533 PROVIDER NO: 112535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 021385 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (912)384-3439
DOUGLAS DIALYSIS FACILITY INC 5120 H PRISLEY MILL RD DOUGLASVILLE, GA 30134 PROVIDER NO: 112525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 100482 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (404)948-8403
LAURIES COUNTY DIALYSIS CTR 2400 BELLEVUE RD DUBLIN, GA 31021 PROVIDER NO: 112546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071587 OWNERSHIP: PROFIT INTERMEDIARY: 001D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (912)272-5150

BIO-MEDICAL APPLICATIONS OF EASTMAN
DRIFFIN ST
EASTMAN, GA 31023
PROVIDER NO: 112S19

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: CAPD

DATE APPNOVED: 101980
OWNERSHIP: PROFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (912)374-4777

ELBERTON DIALYSIS FACILITY INC
325 N MCINTOSH ST
ELBERTON, GA 30635
PROVIDER NO: 11254S

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPNOVED: 081387
OWNERSHIP: PNOFIT
INTERMEDIANY: 00100
CROSS REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (404)283 9530

NORTHEAST GEORGIA MEDICAL CENTER
743 SPRING ST,N.E.
GAINESVILLE, GA 30501
PROVIDER NO: 110029

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE: PERI
TRAININD: PERI CAPD

DATE APPNOVED: 090176
OWNERSHIP: NONPNOFIT
INTERMEDIANY: 00101
CMDS6 REFER NO: 112302

HCFA REGION: 04
(GIAC STATIONS: 000
RENAL NETWORK: 06
PHONE: (404)535-3553

GRIFFIN DIALYSIS FACILITY INC
731 SOUTH BTN ST
DRIFFIN, GA 30223
PROVIDER NO: 112529

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPNOVED: 031783
OWNENSHIP: PNOFIT
INTERMEDIANY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 06
PHONE: (404)227-1717

COMMUNITY DIALYSIS SVCS OF NINESVILLE
203 N MAPLE ST
NINESVILLE, GA 31313
PROVIDER NO: 112555

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININO:

DATE APPNOVED: 092980
OWNENSHIP: PNOFIT
INTENMEDIANY: 00101
CNOSS-NEFEN NO:

HCFA REGION: 04
TOTAL STATIONS: 005
RENAL NETWORK: 06
PHONE: (912)368-4850

COMMUNITY DIALYSIS SVC OF JESUP
1303 S FIRST ST
JESUP, GA 31545
PROVIDER NO: 112532

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: PERI CAPD CCPD

DATE APPNOVED: 050884
OWNERSHIP: PNOFIT
INTINMEDIANY: 00101
CRDSS-NEFEN NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 06
PHONE: (912)427-6945

CLAYTON DIALYSIS CENTER
110 STOCKBRIDGE RD
JONESBORO, GA 30236
PROVIDER NO: 112517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD

DATE APPNOVED: 040979
OWNENSHIP: PNOFIT
INTERMEDIARY: 00101
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (404)471-2301

WEST GEORGIA MED CTR-DIALYSIS UNIT
1514 VERNON RD BOX 1567
LA GRANGE, GA 30240
PROVIDER NO: 110016

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININO: HEMO PERI CAPD

DATE APPROVED: 091079
OWNENSHIP: NONPROFIT
INTERMEDIANY: 00101
CMDS6 REFEN NO: 112311

HCFA REGION: 04
TOTAL STATIONS: 017
RENAL NETWORK: 06
PHONE: (404)882-1411

NORTHSIDE DIALYSIS OF GWINNETT CO
601 A PROFESSIONAL DR,SUITE 230
LAWRENCEVILLE, GA 30245
PROVIDER NO: 112539

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININO:

DATE APPRDVED: 021386
OWNENSHIP: PROFIT
INTERMEDIANY: 00101
CHDS6 REFIR NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (404)962-6053

BMA-CENTRAL GA DIALYSIS CENTER INC
770 PIKE ST, SUITE 200
MACON, GA 31201
PROVIDER NO: 112506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAININD: HEMO PERI CAPD

DATE APPNOVED: 090176
OWNERSNIP: PNOFIT
INTERMEDIANY: 00101
CRDSS-REFER ND:

HCFA REGION: 04
TOTAL STATIONS: 041
RENAL NETWORK: 06
PHONE: (912)743-0501

MACON DIALYSIS FACILITY INC.
91 BACONSFIELD OFFICE PARK
MACON, GA 31211
PROVIDER NO: 112516

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD

DATE APPROVED: 110278
OWNERSNIP: PNOFIT
INTENMEDIANY: 00101
CROSS-NEFER ND:

HCFA REGION: 04
TOTAL STATIONS: 032
RENAL NETWORK: 06
PHONE: (912)743-9506

STATE-GEORGIA CONTINUED

MINONEY CENTER OF MIDDLE GA 744 FIRST ST MACON, GA 31201 PROVIDER NO: 112548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021980 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 06 PHONE:(912)746-6855
RENAL CARE CENTER OF MARIETTA 838 CAMPBELL HILL ST NW00 MARIETTA, GA 30060 PROVIDER NO: 112510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 06 PHONE:(404)424-8391
CANDLER CO HOSP CEDAR HO P.O. BOX 847 METTER, GA 30439 PROVIDER NO: 110088	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112309	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 06 PHONE:(912)685-6604
BALDWIN CTY DIALYSIS 521 W MONTGOMERY ST,#14-A MILLEDGEVILLE, GA 31061 PROVIDER NO: 112544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 02020T OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(912)453-2031
COLQUITT REGIONAL MED CTR-DIALYSIS 5151 THOMASVILLE HOWY(DOS 40) MOULTRIE, GA 31768 PROVIDER NO: 110105	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112314	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(912)890-3572
NEWNAN DIALYSIS UNIT 7 TAYLOR ST NEWNAN, GA 30263 PROVIDER NO: 110185	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 030788 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112316	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(404)251-7896
NEWNAN DIALYSIS UNIT 7 TAYLOR ST NEWNAN, GA 30265 PROVIDER NO: 112548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 030788 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(404)251-7896
COMMUNITY DIALYSIS SERVICE OF NW GA 101 REDMOND RD ROME, GA 30161 PROVIDER NO: 112505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090175 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 06 PHONE:(404)291-2656
TRI-COUNTY DIALYSIS 822 CHICKAMAUGA AVE ROSSVILLE, GA 30741 PROVIDER NO: 115556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 072285 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(404)866-5993
DMA SANDERSVILLE DIALYSIS FACILITY 618 S HANNIS ST SANDERSVILLE, GA 31082 PROVIDER NO: 112554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE TRAINING:	DATE APPROVED: 071284 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(912)552-6618
MEMORIAL MEDICAL CENTER 4700 WATERS AVE SAVANNAH, GA 31404 PROVIDER NO: 110056	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING	DATE APPROVED: 090175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112304	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(912)356-8347

STATE=GEORGIA CONTINUED

COASTAL DIALYSIS MED CLINIC I48G EAST VICTORY DRIVE SAVANNAH, DA 3I4G4 PROVIDER NO: I125G7	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: D9G176 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: G3D RENAL NETWORK: D6 PHONE:(912)232-2691
STATESBORO DIALYSIS FACILITY 2G1 DONEHOO ST STATESBORO, GA 3G458 PROVIDER NO: 112542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: G72686 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: GD6 RENAL NETWORK: D6 PHONE:(912)764-2321
SW GEORGIA DIALYSIS FACILITY 1I2 MIMOSA DR P.O. BOX 1D18 THOMASVILLE, GA 31792 PROVIDER NO: 11GD38	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: G71480 OWNERSHIP: NONPROFIT INTERMEDIARY: DD1D1 CROSS-REFEN NO:112312	HCFA REGION: 04 TOTAL STATIONS: D2B RENAL NETWORK: D6 PHONE:(912)228-2783
THOMSON DIALYSIS FACILITY 3GD ANSLEY DR THOMSON, DA 3G824 PROVIDER NO: 112546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D81186 OWNERSHIP: PROFIT INTERMEDIARY: DD1G1 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: D06 RENAL NETWORK: D6 PHONE:(4G4)595-926D
TIFT GENERAL HOSP-DIALYSIS I617 JOHN ORR DRIVE TIFTON, GA 31794 PROVIDER NO: 11GG95	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D9D185 OWNERSHIP: NONPROFIT INTERMEDIARY: DD1D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: D1D RENAL NETWORK: D6 PHONE:(912)386-2132
TOCCOA DIALYSIS FACILITY INC 8GG E DOYLE ST -BOX 1426 TOCCOA, GA 3G577 PROVIDER NO: 112541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: GD1086 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: D6 PHONE:(4G4)886-7478
COMMUNITY DIALYSIS SVCS OF SW GA 27G4 N OAK ST BLDD H VALDOSTA, DA 31BD2 PROVIDER NO: 112515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: G62977 OWNERSHIP: PNOFIT INTERMEDIARY: DG1D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: D6 PHONE:(912)247-4D57
VIDALIA DIALYSIS FACILITY 18G6 EDWINA DR VIDALIA, GA 3D474 PROVIDER NO: 112543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 1D1486 OWNERSHIP: PROFIT INTERMEDIARY: DD1D0 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 00B RENAL NETWORK: D6 PHONE:(912)537-6795
WARNER ROBINS DIALYSIS FACILITY 128-132 HOSPITAL DR WARNER ROBINS, GA 31G98 PROVIDER NO: 11253I	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D71083 OWNERSHIP: PROFIT INTERMEDIARY: DD1D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 0D9 RENAL NETWORK: D6 PHONE:(912)929-0G90
WASHINGTON DIALYSIS FACILITY 12I C GORDON ST WASHINGTON, GA 3G673 PROVIDER NO: 112527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 102683 OWNERSHIP: PRGFIT INTERMEDIARY: DG1D1 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: G11 RENAL NETWORK: D6 PHONE:(4D4)67D-32D7
DIALYSIS FACILITIES INC 4I5 ALBANY AV WAYCROSS, GA 315G1 PROVIDER NO: I12518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: D9D579 OWNERSHIP: PNOFIT INTERMEDIARY: GG1D1 CROSS-REFER NO:	HCFA REGION: G4 TOTAL STATIONS: 015 RENAL NETWORK: D6 PHONE:(912)2D5-2497

BURKE COUNTY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102485	HCFA REGION: 04
404 4TH STREET EXT.	STAFF-ASSISTED: HOME	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WAYNESBORO, GA 30830	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 06
PROVIDER NO: 112838	TRAINING:	CROSS-REFER TO:	PHONE: (404)554-6848

STATE=GUAM

GUAM MEM HOSP
850 GOV. CARLOS CAMACHO
TAMURING, GU 96911
PROVIDER NO: 650001

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 081277
OWNERSHIP: NONPROFIT
INTERMEDIARY: 17120
CROSS-REFER NO:652300

HCFA REGION: 09
TOTAL STATIONS: 006
RENAL NETWORK: 17
PHONE:(671)646-5001

STATE-HAWAII

HILO HEMODIALYSIS SATELLITE 140 KAIRROR DR HILO, HI 96720 PROVIDER NO: 123500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 081477 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE: (808)935-3422
KUAKINI MEDICAL CENTER (ESRD) 347 N KUAKINI STREET HONOLULU, HI 96817 PROVIDER NO: 120007	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO: 122300	HCFA REGION: 09 TOTAL STATIONS: 002 RENAL NETWORK: 17 PHONE: (808)536-2236
ST FRANCIS HOSPITAL 2230 LILIHA ST. HONOLULU, HI 96817 PROVIDER NO: 120010	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO: 122301	HCFA REGION: 09 TOTAL STATIONS: 030 RENAL NETWORK: 17 PHONE: (808)547-6522
KUAKINI KIDNEY DISEASE CTR 347 N KUAKINI ST HONOLULU, HI 96817 PROVIDER NO: 127501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080183 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 026 RENAL NETWORK: 17 PHONE: (808)521-5605
ALOHA DIALYSIS FACILITY 1820 LILIHA ST. STE 607 HONOLULU, HI 96817 PROVIDER NO: 122509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031688 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 17 PHONE: (808)521-8061
CASTLE DIALYSIS FACILITY 640 ULUKAHIA ST KAILUA, HI 96734 PROVIDER NO: 123502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 070787 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE: (808)521-8061
KONA SATTELITE FACILITY KIAKAIANI BUILDING KEALAKEKUA, HI 96750 PROVIDER NO: 129008	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112888 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 17 PHONE: (808)322-2181
KAUAI HEMODIALYSIS SATELLITE 3224A ELKUA ST. LIHUI, HI 96766 PROVIDER NO: 129002	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE TRAINING:	DATE APPROVED: 081377 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 17 PHONE: (808)245-8770
MAUI HEMODIALYSIS SATELLITE 395 MANALANI ST MAUI, HI 96789 PROVIDER NO: 123501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF CARE: TRAINING:	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 005 RENAL NETWORK: 17 PHONE: (808)244-9600
WAHIAWA DIALYSIS FACILITY 128 LEHUA STREET WAHIAWA, HI 96786 PROVIDER NO: 123500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 080183 OWNERSHIP: PROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE: (808)521-5151
LEEWARD SATILLITE FACILITY 94-144 FARRINGTON HWY WAIPAHU, HI 96797 PROVIDER NO: 129009	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 17120 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE: (808)671-3042

STATE=IDAHO

ST ALPHONSUS REGIONAL MED CTR-ESRD 1055 NORTH CURTIS ROAD BOISE, ID 83706 PROVIDER NO: I3DDD7	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0011D CROSS-REFER NO:132301	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE:(208)378-2095
NORTH IDAHO DIALYSIS FACILITY 2005 LINCOLN WAY COEUR DALENE, ID 83814 PROVIDER NO: I33SDO	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00110 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 00A RENAL NETWORK: 16 PHONE:(208)664-2137
EASTERN IDAHO REGIONAL MED CTR. 3100 CHANNING WAY IDAHO FALLS, ID 834D3 PROVIDER NO: I3DDI8	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 0011D CROSS-REFER NO:132300	HCFA REGION: 10 TOTAL STATIONS: 009 RENAL NETWORK: 16 PHONE:(208)529-7155
DEM STATE REGIONAL DIALYSIS CTR 2231 TETON PLAZA IDAHO FALLS, ID 834DI PROVIDER NO: I32SDD	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 073188 OWNERSHIP: NONPROFIT INTERMEDIARY: 0011D CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 1A PHONE:(208)522-4031
ST BENEDICT'S FAMILY MED CTR-ESRD 709 N LINCOLN JEROME, ID 83338 PROVIDER NO: I3DD29	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 020784 OWNERSHIP: NONPROFIT INTERMEDIARY: 0011D CROSS-REFER NO:132302	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(208)524-4301
POCATELLO REGIONAL MEDICAL CTR 757 HOSPITAL WAY POCATELLO, ID 832DI PROVIDER NO: I3DDDS	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101184 OWNERSHIP: NONPROFIT INTERMEDIARY: 0011D CROSS-REFER NO:132303	HCFA REGION: 10 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(208)234-0771

STATE-ILLINOIS

NORTH CENTRAL DIALYSIS CENTERS 11900 SOUTH 81ST HWY APLOS HEIGHTS, IL 60465 PROVIDER NO: 142588	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 050287 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(213)448-8323
AURORA KIDNEY CENTER 516 SOUTH LINCOLN AVENUE AURORA, IL 60506 PROVIDER NO: 142616	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HOME PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 10 PHONE:(312)862-7445
ST ELIZABETH HOSPITAL 211 SOUTH 3RD STREET BELLEVILLE, IL 62221 PROVIDER NO: 140187	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092082 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142320	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 10 PHONE:(618)234-2120
RENAL CARE OF ILLINOIS 310 W MAIN ST BELLEVILLE, IL 62223 PROVIDER NO: 142821	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HOME TRAINING: HEMO CAPD	DATE APPROVED: 090882 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 024 RENAL NETWORK: 10 PHONE:(618)233-6018
MACNEAL RENAL LIFELINE SVCS 3251 N LUCIA AVE BERWYN, IL 60402 PROVIDER NO: 142838	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HOME PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061185 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE:(312)795-3650
ST FRANCIS HOSPITAL 208 LOCUST ST BLOOMINGTON, IL 61701 PROVIDER NO: 140810	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(309)827-5359
BLUE ISLAND DIALYSIS CENTER 2810 YORK ST BLUE ISLAND, IL 60406 PROVIDER NO: 142556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HOME SELF-CARE: HEMO TRAINING: HOME	DATE APPROVED: 062488 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE:(312)597-6933
BIO MEDICAL APPLICATIONS P.O. BOX 2617 CARBONDALE, IL 62902 PROVIDER NO: 142814	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 10 PHONE:(618)529-2112
MT SINAI HOSP MEDICAL CENTER CALIFORNIA & 15TH AVE CHICAGO, IL 60608 PROVIDER NO: 140018	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142302	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 10 PHONE:(312)650-6984
MICHAEL REESE HOSP MEDICAL CENTER LAKESHORE DR AT 31ST ST CHICAGO, IL 60616 PROVIDER NO: 140076	FACILITY TYPE: DIALYSIS CENTER STAFF ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142307	HCFA REGION: 05 TOTAL STATIONS: 023 RENAL NETWORK: 10 PHONE:(312)791-2242
LOOKWATER HOSPITAL 5700 N ASHLAND AVENUE CHICAGO, IL 60660 PROVIDER NO: 140087	FACILITY TYPE: DIALYSIS CENTER STAFF ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142309	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 10 PHONE:(312)878-6000

UNIVERSITY OF CHICAGO MEDICAL CENTER
1164 E 55TH ST
CHICAGO, IL 60615
PROVIDER NO: 140088

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142310

HCFA REGION: 05
TOTAL STATIONS: 016
RENAL NETWORK: 10
PHONE: (312)962-3399

RUSH-PRESBYTERIAN-ST LUKES MED CTR
1753 WEST CONGRESS PARKWAY
CHICAGO, IL 60612
PROVIDER NO: 140119

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142312

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 10
PHONE: (312)942-6665

COOK COUNTY HOSPITAL
1825 W HARRISON ST
CHICAGO, IL 60612
PROVIDER NO: 140124

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142313

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 10
PHONE: (312)633-6000

UNIVERSITY OF ILLINOIS HOSPITAL
840 S WOOD ST
CHICAGO, IL 60612
PROVIDER NO: 140150

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142316

HCFA REGION: 05
TOTAL STATIONS: 015
RENAL NETWORK: 10
PHONE: (312)996-6420

CHICAGO OSTEOPATHIC MEDICAL CTR
5200 S ELLIS AVENUE
CHICAGO, IL 60615
PROVIDER NO: 140172

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 092282
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142319

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE: (312)947-3000

ST JOSEPHS HOSP
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL 60657
PROVIDER NO: 140224

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 110483
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142320

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE: (312)975-8027

NORTHWESTERN MEMORIAL HOSPITAL
250 E SUPERIOR, RM 446
CHICAGO, IL 60611
PROVIDER NO: 140281

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142330

HCFA REGION: 05
TOTAL STATIONS: 028
RENAL NETWORK: 10
PHONE: (312)908-7320

NEOMEDICA DIALYSIS CTR INC.-NORTH
4800 N KILPATRICK AVE
CHICAGO, IL 60630
PROVIDER NO: 142501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 022
RENAL NETWORK: 10
PHONE: (312)545-3698

NEOMEDICA DIALYSIS CTR INC-LOOP
56 E SUPERIOR ST
CHICAGO, IL 60611
PROVIDER NO: 142502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 043
RENAL NETWORK: 10
PHONE: (312)266-9000

NORTH CENTRAL DIALYSIS CENTERS SC
55 EAST WASHINGTON 11TH FLOOR
CHICAGO, IL 60602
PROVIDER NO: 142505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 020
RENAL NETWORK: 10
PHONE: (312)332-6092

CHICAGO KIDNEY CTR
640 W. WASHINGTON
CHICAGO, IL 60606
PROVIDER NO: 142506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 035
RENAL NETWORK: 10
PHONE: (312)930-9366

SOUTH SIDE DIALYSIS UNIT
7721 N WINTHROP
CHICAGO, IL 60626
PROVIDER NO: 142500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 050177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 035
RENAL NETWORK: 10
PHONE: (312)471-0400

JACKSON PARK DIALYSIS UNIT
7651 SOUTH STONY ISLAND
CHICAGO, IL 60649
PROVIDER NO: 142516

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 050177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 025
RENAL NETWORK: 10
PHONE: (312)647-7510

NEOMEDICA DIALYSIS CTR INC-SOUTH
8212 N. CHICAGO AVE.
CHICAGO, IL 60617
PROVIDER NO: 142518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 101578
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 036
RENAL NETWORK: 10
PHONE: (312)734-7433

NORTH CENTRAL DIALYSIS-NORTH
2277 W HOWARD
CHICAGO, IL 60645
PROVIDER NO: 142522

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 122175
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 016
RENAL NETWORK: 10
PHONE: (312)262-7147

BELMONT DIALYSIS CENTER
4848 W BELMONT
CHICAGO, IL 60641
PROVIDER NO: 142526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING

DATE APPROVED: 120379
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 10
PHONE: (312)685-7500

NEOMEDICA DIALYSIS CTR INC-NW
5800 S HIAWATHA AVE
CHICAGO, IL 60606
PROVIDER NO: 145554

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 090180
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 020
RENAL NETWORK: 10
PHONE: (312)847-1236

LINCOLN PARK DIALYSIS LTD
2001 SHEFFIELD
CHICAGO, IL 60614
PROVIDER NO: 142520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 110182
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 011
RENAL NETWORK: 10
PHONE: (312)348-0101

HYDE PARK KIDNEY CTR
1437-39 E 53RD ST
CHICAGO, IL 60615
PROVIDER NO: 140526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 092282
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 10
PHONE: (312)947-0770

NEOMEDICA DIALYSIS CTR INC-NE
2800 N. MILWAUKEE AVE
CHICAGO, IL 60647
PROVIDER NO: 142551

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 110483
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 013
RENAL NETWORK: 10
PHONE: (312)880-6535

CHILDREN'S MEMORIAL HOSPITAL
2300 CHILDREN'S PLAZA
CHICAGO, IL 60614
PROVIDER NO: 140500

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 090183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142351

HCFA REGION: 05
TOTAL STATIONS: 004
RENAL NETWORK: 10
PHONE: (312)880-4158

LOGAN SQUARE DIALYSIS SVCS INC
2936 N MILWAUKEE
CHICAGO, IL 60647
PROVIDER NO: 142554

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 103086
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 007
RENAL NETWORK: 10
PHONE: (312)276-3699

HUMBOLDT PARK DIALYSIS UNIT 3501-3 W. NORTH AVE CHICAGO, IL 60647 PROVIDER NO: I42S36	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 0127W7 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE: (312)772-9400
RUSH-PRESBYTERIAN-ST LUKES DIAL CTR 1425 W WASHINGTON BLVD CHICAGO, IL 60607 PROVIDER NO: I43512	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 011488 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE: (312)942-6604
CIRCLE DIALYSIS CENTER 1426 W WASHINGTON BLVD CHICAGO, IL 60607 PROVIDER NO: I42540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 111580 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE: (312)829-1424
CRYSTAL LAKE AMBUTAL 4900 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60014 PROVIDER NO: I43509	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012881 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE: (815)455-3550
LAKEVIEW MEDICAL CENTER 812 NORTH LOGAN AVE DANVILLE, IL 61832 PROVIDER NO: I40219	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: I42325	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 10 PHONE: (217)443-5000
DECATUR RENAL DIALYSIS 2300 NORTH EDWARD DECATUR, IL 62526 PROVIDER NO: I43505	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 10 PHONE: (217)877-9351
KATHERINE SHAW BETHEA HOSPITAL 303 E FIRST ST DIXON, IL 61021 PROVIDER NO: I43508	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100278 OWNERSHIP: NONPROFIT INTERMEDIARY: 51140 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE: (815)288-7179
SOUTHWESTERN IL DIALYSIS CTRS ILL RT 3 & 143 EASTGATE PLA EAST ALTON, IL 62024 PROVIDER NO: I42S3S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 123188 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 10 PHONE: (618)254-1117
EFFIRGHAM LIMITED CARE FACILITY 205 N 4TH ST EFFIRGHAM, IL 62401 PROVIDER NO: I43501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE: (217)342-9410
SHERMAN HOSPITAL DIALYSIS CENTER 934 N. CENTER STREET ELGIN, IL 60120 PROVIDER NO: 140030	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: I42303	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 10 PHONE: (312)742-9000
ALEXIAN BROTHERS KIDNEY CTR 800 BIESTERFIELD RD ELK GROVE VILLAGE, IL 60007 PROVIDER NO: I42507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 10 PHONE: (312)437-0824

STATE-ILLINOIS CONTINUED

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVE
ELMHURST, IL 60126
PROVIDER NO: 140200

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142322

HCFA REGION: 05
TOTAL STATIONS: 019
RENAL NETWORK: 10
PHONE:(312)833-1400

EVANSTON HOSPITAL
2650 RIDGE AVE
EVANSTON, IL 60201
PROVIDER NO: 140010

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142300

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE:(312)492-2000

BIO-MEDICAL APPLICATIONS OF EVANSTON
1600 DARROTOR
EVANSTON, IL 60201
PROVIDER NO: 142611

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 016
RENAL NETWORK: 10
PHONE:(312)491-1214

DALISBURO COTTAGE HOSPITAL
465 N KILLOOD ST
DALISBURO, IL 61401
PROVIDER NO: 140040

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142304

HCFA REGION: 05
TOTAL STATIONS: 007
RENAL NETWORK: 10
PHONE:(309)343-8131

SOUTHWEST IL REG DIALYSIS CTR
2100 MADISON AVE
DURANTE CITY, IL 62140
PROVIDER NO: 142567

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 021887
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 10
PHONE:(618)451-1313

IROALLS MEMORIAL HOSPITAL
ONE IRDALLS DRIVE
HARVEY, IL 60426
PROVIDER NO: 140161

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PIRI
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142321

HCFA REGION: 05
TOTAL STATIONS: 017
RENAL NETWORK: 10
PHONE:(312)333-2300

HIGHLAND PARK HOSPITAL
718 DLENVIEW AVENUE
HIGHLAND PARK, IL 60035
PROVIDER NO: 140100

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PIRI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 110580
OWNERSHIP: NONPROFIT
INTERMEDIART: 00121
CROSS-REFER NO:142333

HCFA REGION: 05
TOTAL STATIONS: 008
RENAL NETWORK: 10
PHONE:(312)432-8000

DUPAGE DIALYSIS LTD
440 L OODIN AVE
HINSDALE, IL 60691
PROVIDER NO: 142020

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 051879
OWNERSHIP: NONPROFIT
INTERMEDIART: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 013
RENAL NETWORK: 10
PHONE:(312)325-1360

JACKSONVILLE LIMITED CARE FACILITY
1515 W WALNUT ST
JACKSONVILLE, IL 62650
PROVIDER NO: 143506

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIART: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 008
RENAL NETWORK: 10
PHONE:(217)243-3042

SILVER CROSS HOSP
1200 MAPLE RD
JOLIET, IL 60432
PROVIDER NO: 140213

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIART: 00121
CROSS-REFER NO:142324

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 10
PHONE:(815)740-1100

ST MARYS HOSP
175 SOUTH WALL ST
KANKAKEE, IL 60901
PROVIDER NO: 140156

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:142318

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 10
PHONE:(815)937-2490

STATE=ILLINOIS CONTINUED

YORKTOWN DIALYSIS CENTER
2821 FAIRFIELD AVE
LOMBARD, IL 60148
PROVIDER NO: 142S03

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 10
PHONE: (312)495-2809

LOYOLA UNIV MEDICAL CENTER
2160 S 1ST ST,BLDG 54, RM 449
MAYWOOD, IL 60153
PROVIDER NO: 140276

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO: 142329

HCFA REGION: 05
TOTAL STATIONS: 018
RENAL NETWORK: 10
PHONE: (312)531-3308

MOLINE PUBLIC HOSPITAL
639 16TH AVE
MOLINE, IL 61265
PROVIDER NO: 140204

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 101981
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO: 142332

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE: (309)757-3327

QUAD CITIES RENAL CENTER
611 - 35TH AVE
MOLINE, IL 61265
PROVIDER NO: 142S26

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 080381
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 10
PHONE: (309)762-6822

MOUNT VERNON KIDNEY CENTER
2401 VETERANS MEMORIAL DR
MOUNT VERNON, IL 62864
PROVIDER NO: 142S32

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 111683
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 005
RENAL NETWORK: 10
PHONE: (618)244-6240

NILES DAY SPRINGMAN DIALYSIS CENTER
7332 MILWAUKEE AVE.
NILES, IL 60648
PROVIDER NO: 142S00

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 016
RENAL NETWORK: 10
PHONE: (312)647-8505

NEOMEDICA DIALYSIS CTR INC-NW
4701 N CUMBERLAND
NORRIDGE, IL 60656
PROVIDER NO: 142S21

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 101779
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL NETWORK: 10
PHONE: (312)456-0152

CHRIST HOSPITAL
4440 W 95TH STREET
OAK LAWN, IL 60453
PROVIDER NO: 140208

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO: 142323

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE: (312)425-8000

NORTH CENTRAL DIALYSIS CTRS SOUTHSIDE
9115 S CICERO AVE
OAK LAWN, IL 60453
PROVIDER NO: 142S18

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 060178
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 024
RENAL NETWORK: 10
PHONE: (312)424-2126

WEST SUBURBAN HOSPITAL MEDICAL CENTER
ERIE AT AUSTIN BOULEVARD
OAK PARK, IL 60302
PROVIDER NO: 140049

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 020103
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00121
CROSS-REFER NO: 142305

HCFA REGION: 05
TOTAL STATIONS: 000
RENAL NETWORK: 10
PHONE: (312)383-6200

OAK PARK COMMUNITY DIALYSIS CTR.
733 W MADISON ST
OAK PARK, IL 60302
PROVIDER NO: 142S04

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00121
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 022
RENAL NETWORK: 10
PHONE: (312)386-0757

STATE-ILLINOIS CONTINUED

WEST SUBURBAN HOSP DIALYSIS UNIT ERIE AT AUSTIN OAK PARK, IL 60302 PROVIDER NO: 142950	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 020183 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 10 PHONE: (312)383-6200
SOUTH SUBURBAN KIDNEY UNIT 2501 W LINCOLN HIGHWAY OLYMPIA FIELDS, IL 60461 PROVIDER NO: 142517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 040678 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 10 PHONE: (312)747-0050
ST FRANCIS MEDICAL CENTER 1124 W BERKELEY PEORIA, IL 61605 PROVIDER NO: 140007	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 072285 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: 142306	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 10 PHONE: (309)655-2161
BLESSING HOSP 1005 BROADWAY QUINCY, IL 62301 PROVIDER NO: 140015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: 142301	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 10 PHONE: (217)223-5811
ROCKFORD MEM HOSP-EBND 2400 N ROCKTON AVE ROCKFORD, IL 61101 PROVIDER NO: 140230	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51140 CROSS-REFER NO: 142328	HCFA REGION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 10 PHONE: (815)968-6861
NEOMEDICA DIALYSIS CTR INC-NO CENTRAL 1540 NICAS RD ROLLING MEADOWS, IL 60008 PROVIDER NO: 142820	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 010581 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 018 RENAL NETWORK: 10 PHONE: (312)358-7900
ST FRANCIN HATELLITE-SPRINGVALLEY 500 EAST FIRST ST SPRING VALLEY, IL 61362 PROVIDER NO: 142811	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052781 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 10 PHONE: (815)664-4585
MEMORIAL MEDICAL CENTER 800 N RUTLEDGE ST SPRINGFIELD, IL 62781 PROVIDER NO: 140145	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: 142315	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 10 PHONE: (217)788-3860
SPRINGFIELD LIMITED CARE FACILITY 2 BRANDRIDGE RD SPRINGFIELD, IL 62704 PROVIDER NO: 143504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 10 PHONE: (217)546-5141
MERCY HOSPITAL 1400 W PARK ST URBANA, IL 61801 PROVIDER NO: 140112	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: 142311	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 10 PHONE: (217)337-2289
VICTORY MEMORIAL HOSPITAL 1324 NORTH SHERIDAN ROAD WAUKEGAN, IL 60085 PROVIDER NO: 140084	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO: 142308	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 10 PHONE: (312)360-4084

CENTRAL DUPAGE HOSP KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPRDVED:	08D177	HCFA REGION:	05
025 R. WINFIELD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP:	PROFIT	TOTAL STATIONS:	016
WINFIELD, IL 60190	SELF-CARE: HEMO PERI	INTERMEDIARY:	00121	RENAL NETWORK:	10
PROVIDER NO: 142509	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:		PHONE:	(312)665-9340

STATE=INDIANA

DIALYRIS IRRTITUTE OF ANDERSON
2629 RICHDL AVE
ANDERSON, IR 46011
PROVIDER RO: 152R1O

FACILITY TYPE: DIALYRIS FACILITY
RTAFF-ASRISTED: HEMO
RELF-CARE:
TRAINIRO: HEMO

DATE APPROVED: 051788
OWNERSHIP: PROFIT
INTERMEDIANY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORR: 09
PHONE:(317)649-0772

DIALYRIR RERVICER OF INDIANA INC
521 MISCHELL AVE
BAILEYVILLE, IR 47OOR
PROVIDER RO: 152507

FACILITY TYPE: DIALYRIS FACILITY
RTAFF-ARRISTED: HEMO
RELF-CARE: HEMO
TRAINIRO: HEMO

DATE APPROVED: 050487
OWNERSHIP: PROFIT
INTERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOTAL STATIONS: 008
RENAL NETWORR: 09
PHORE:(812)534-5666

BLOOMINGTON HOSPITAL-ERRD
TOR W IRT,LOWER LEVEL-P O BOX 1148
BLOOMINGTON, IR 47401
PROVIDER RO: 1ROOR1

FACILITY TYPE: DIALYSIS CENIER
RTAFF-ARRISTED: HEMO PERI
RELF-CARE: HEMO PERI
TRAINIRO: HEMO PERI

DATE APPROVED: 050988
OWNERSHIP: NORPROFIT
INTERMEDIARY: 00130
CROSS-REFER RO:152518

HCFA REGION: 05
TOTAL STATIONS: 003
RENAL NETWORR: 09
PHORE:(812)336-6021

RT ANTHORY MEDICAL CENTER
MAIN AND FRANCIRCAN RO
CROWN POINI, IR 46R01
PROVIDER RO: 150176

FACILITY TYPE: DIALYRIS CENIER
RTAFF-ASRISTED: HEMO
RELF-CARE:
TRAINIRO:

DATE APPROVED: 112101
OWNERSHIP: NORPNOFIT
INTERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL RETWORR: 09
PHORE:(219)663-8120

IRI-RTATE RENAL DIRIAGE CENTER
R700 WARNIROTOR AVENUE
EVANRVILLE, IN 477RO
PROVIDER RO: 150100

FACILITY TYPE: DIALYRIR CENTER
RTAFF-ARRISTED: HEMO
RILF-CARE:
TRAINIRO: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NORPROFIT
INTERMEDIARY: 00130
CROSS-REFER RO:152307

HCFA REGION: 05
TOTAL STATIONS: 030
RENAL NETWORR: 09
PHORE:(812)479-1496

WELBORN DIALYRIS CENTER
421 CNESTRUIT
EVANRVILLE, IN 4771R
PROVIDER RO: 1R2508

FACILITY TYPE: DIALYRIS FACILITY
RTAFF-ASRISTED: HEMO PERI
RILF-CARE: HEMO PERI
TRAINIRO: HEMO PENI

DATE APPROVED: 080488
OWNERSHIP: PROFIT
INTERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOTAL STATIONS: 004
RENAL CETWORR: 09
PHORE:(812)426-9551

THE LUTHERAN HOSP OF FORT WAYNE
RORR FAIRFIELO AVE
FORT WAYNE, IN 4RR07
PROVIOEN RO: 150017

FACILITY TYPE: DIALYSIS CERTER
RTAFF-ASSISTED: HEMO
RILF-CARE:
TRAINIRO: HEMO CAPD

DAYE APPROVED: 0R0177
OWRERSHIP: RONPROFIT
INTERMEDIANY: 00130
CROSS-REFER RO:152302

HCFA REGION: 05
TOTAL STATIONS: 025
RENAL RETWORR: 09
PHONE:(219)458-2100

LAKE AVE DIALYRIR CENTER
R52R LAKE AVE, RUITE 9
FORT WAYNE, IN 46R0R
PROVIDER RO: 1R250R

FACILITY TYPE: DIALYSIS FACILITY
RTAFF-ARRIRTED: HEMO
RILF-CARE: HEMO
TRAINIRO: HEMO

DATE APPROVED: 080787
OWNERSHIP: PROFIY
INTERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
YOTAL STATIONS: 006
RENAL NETWORR: 09
PHORE:(219)420-2666

ST MARGARET HORP RENAL DIALYRIR FAC
600 ORARI ST-METHODIRI HOSPITAL
GARY, IR 46402
PROVIDER RO: 153501

FACILITY TYPE: DIALYSIS FACILITY-HOSP
RTAFF-ASSISTED: HEMO
RILF-CARE:
TRAINIRO:

DAYE APPROVED: 081985
OWNERSHIP: RORPROFIT
IRTERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOYAL STAYIORS: 010
RENAL RETWORR: 09
PHORE:(219)886-4000

NORTHWEST INDIANA DIALYRIR INC
508 IYLER ST
GARY LAKE, IR 46402
PROVIDER RO: 152501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSIRTED: HEMO
SELF-CARE:
TRAINIRO: HEMO

DAYE APPROVED: 110485
OWRENSHIP: PROFIT
INYERMEDIARY: 00130
CROSS-REFER RO:

HCFA REGION: 05
TOTAL STAYIORS: 010
RENAL RETWORR: 09
PHORE:(219)885-3300

ST MARGARET HOSP
3454 HONMAR AVE
HAMMOND, IN 46320
PROVIDER RO: 150004

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISYED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINIRO: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NORPROFIT
INTERMEDIANY: 00130
CROSS-REFER RO:152300

HCFA REGION: 05
TOTAL STAYIORS: 031
RENAL RETWORR: 09
PHORE:(219)932-2300

STATE=INDIANA CONTINUED

INDIANA UNIVERSITY HOSPITALS 1100 WEST MICHIGAN ST INDIANAPOLIS, IN 46202 PROVIDER NO: 150032	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO: 152304	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 09 PHONE:(317)264-2537
METHODIST HOSP OF INDIANA INC 1604 N CAPITOL AV INDIANAPOLIS, IN 46202 PROVIDER NO: 150055	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO: 152309	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(317)924-6081
ST VINCENT HOSPITAL 2001 W 86TH STREET INDIANAPOLIS, IN 46260 PROVIDER NO: 150084	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 030278 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO: 152309	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(317)871 2545
DIALYSIS INSTITUTE OF INDIANA INC 2140 N CAPITOL AVE INDIANAPOLIS, IN 46202 PROVIDER NO: 152500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 100181 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 044 RENAL NETWORK: 09 PHONE:(317)926-5894
INDIANA KIDNEY CENTER 6919 EAST 10TH ST,SUITE E-2 INDIANAPOLIS, IN 46219 PROVIDER NO: 152502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080686 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(317)353-0900
COMMUNITY HOSPITAL 1500 N RITTER AVE INDIANAPOLIS, IN 46219 PROVIDER NO: 150DT4	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110907 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO: 152314	HCFA REGION: 05 TOTAL STATIONS: 001 RENAL NETWORK: 09 PHONE:(317)356-8492
CLARK COUNTY KIDNEY CENTER 1201 WALL STREET JEFFERSONVILLE, IN 47130 PROVIDER NO: 152504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122386 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE:(812)282-0420
ST JOSEPH DIALYSIS CENTER INC 1907 WEST SYCAMORE KOKOMO, IN 46901 PROVIDER NO: 153503	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 052587 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(317)452-5611
DIALYSIS INSTITUTE OF KOKOMO 3611 SOUTH REED RD KOKOMO, IN 46901 PROVIDER NO: 152505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010987 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 09 PHONE:(317)453-0606
ST ELIZABETH HOSP MED CENTER 1501 HARTFORD STREET LAFAYETTE, IN 47904 PROVIDER NO: 150003	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO: 152310	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(317)423-6011
LAPORTE KIDNEY CENTER P.O. BOX 250, STATE & MADISON LAPORTE, IN 46350 PROVIDER NO: 153504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(219)326-2477

STATE-INDIANA CONTINUED

COMMUNITY DIALYSIS SERVICES NOR W 4TH ST MARION, IN 46952 PROVIDER NO: 15N508	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(317)662-9752
ST MARGARET HOSPITAL SOUTHLAKE UNIT 8701 BROADWAY MERRILLVILLE, IN 46410 PROVIDER NO: 150500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 05 PHONE:(219)738-5610
BALL MEM HOSP ASSOCIATION INC 2401 UNIVERSITY AVE MUNCIE, IN 47306 PROVIDER NO: 150008	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152308	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 08 PHONE:(317)473-3020
EASTERN INDIANA KIDNEY CENTER 1401 CHESTER BLVD RICHMOND, IN 47374 PROVIDER NO: 152008	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 012288 OWNERSHIP: PROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(317)983-3206
ST JOSEPHS HOSP 811 I MADISON RT SOUTH BEND, IN 46617 PROVIDER NO: 150012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152301	HCFA REGION: 05 TOTAL STATIONS: 030 RENAL NETWORK: 09 PHONE:(219)237-7111
UNION HOSPITAL INC 1808 N 7TH ST TERRE HAUTE, IN 47804 PROVIDER NO: 150053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082980 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE:(812)238-7000
GOOD SAMARITAN HOSPITAL 520 SOUTH 7TH STREET VINCENNES, IN 47591 PROVIDER NO: 150049	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:152305	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 05 PHONE:(812)882-5220
COMMUNITY DIALYSIS SERVICES 1000 MED PARK DR WARSAW, IN 46580 PROVIDER NO: 150508	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020888 OWNERSHIP: NONPROFIT INTERMEDIARY: 00130 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(219)269-3553

STATE=IOWA

MARY ONEELEY MEDICAL CTR 117 11TH ST AMES, IA 50010 PROVIDER NO: 160030	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO: 162304	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 12 PHONE:(515)239-2318
MERCY HOSPITAL 701 10TH STREET SE CEDAR RAPIDS, IA 52403 PROVIDER NO: 160079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031288 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162308	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(319)390-6423
ST LUKE'S HOSP 1227 E RUSHOLME ST DAVENPORT, IA 52803 PROVIDER NO: 160025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162303	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 12 PHONE:(319)326-8809
IOWA LUTHERAN HOSP E. UNIVERSITY AT PENN DES MOINES, IA 50316 PROVIDER NO: 160024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162302	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 12 PHONE:(515)265-8214
MERCY HOSP MED CENTER SIXTH AND UNIVERSITY AVE DES MOINES, IA 50314 PROVIDER NO: 160083	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 100786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162310	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(515)247-4294
KIDNEY CARE P.C. 1215 PLEASANT ST, SUITE 100 DES MOINES, IA 50309 PROVIDER NO: 1625DI	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 061288 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 12 PHONE:(515)284-1407
IOWA METHODIST MEDICAL CENTER 1200 PLEASANT DES MOINES, IA 50309 PROVIDER NO: 160082	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 012787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(515)283-6201
TRI-STATE DIALYSIS 320 N GRANDVIEW DUBUQUE, IA 52001 PROVIDER NO: 162500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 091780 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(319)557-9824
TRINITY REG HOSP S MENYON RD FORT DODGE, IA 50501 PROVIDER NO: 160018	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:162300	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(515)576-0031
VA MEDICAL CTR HIGHWAY 6 W IOWA CITY, IA 52240 PROVIDER NO: 16004F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00060 CROSS-REFER NO:162306	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 12 PHONE:(319)338-0501
UNIVERSITY OF IOWA HOSP CLINICS NEWTON RD IOWA CITY, IA 52242 PROVIDER NO: 160058	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162306	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(319)356-2723

STATE-IOWA CONTINUED

HENRY CO HEALTH CTR MAUMOIRE PARK MOUNT PLEASANT, IA 52641 PROVIDER NO: 1R0106	FACILITY TYPE: DIALYSIR FACILITY-HORP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072077 OWNERSHIP: NORPROFIT INTERMEDIARY: 00140 CRORS-REFER NO:1R2306	HCFA REGION: 07 TOTAL STATIORS: 00R RERAL NETWORK: 12 PHONE:(319)365-3141
QIONOE O EPILLMAN DIALYSIR UNIT NO1 RTH ST NIOUX CITY, IA 51101 PROVIDER NO: 1R0153	FACILITY TYPE: DIALYSIR CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 072777 OWNERSHIP: NORPROFIT INTERMEDIARY: 00141 CRORR-REFER NO:1R2301	HCFA REGION: 07 TOTAL STATIONR: 010 RENAL NETWORK: 12 PHONE:(712)279-2178
COVENART MEDICAL CTR R421 W RTH ST WATERLOO, IA 50702 PROVIDER NO: 1600A7	FACILITY TYPE: DIALYSIR CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072R77 OWNERRHIP: NONPROFIT INTERMEDIARY: 00140 CRORR-REFER NO:1R2R07	HCFA REGION: 07 TOTAL RTATIORR: 012 RERAL RETWORK: 12 PHONE:(319)236-4140

STATE=KANSAS

KANSAS NEPHROLOGY ASSOCIATES
1D8 RDSS BLVD
DODDE CITY, KS 678D1
PRDVIDER NO: I725D5

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 120186
OWNERSHIP: PROFIT
INTERMEDIARY: 00150
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 010
RENAL NETWORK: 12
PHONE: (316)225-7100

FORT SCOTT REGIONAL DIALYSIS CENTER
105 SOUTH SCOTT
FORT SCOTT, KS 667DI
PRDVIDER ND: I72SD7

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 101D86
OWNERSHIP: PROFIT
INTERMEDIARY: 00150
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 010
RENAL NETWORK: 12
PHONE: (316)223-3161

KANSAS NEPHROLOGY ASSOCIATES
222D CANTERBURY RD
HAYS, KS 67601
PRDVIDER ND: 1725D6

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 120186
OWNERSHIP: PROFIT
INTERMEDIARY: 00150
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 006
RENAL NETWORK: 12
PHONE: (316)268-5858

SOUTHEAST KANSAS DIALYSIS CENTER
6DD WEST MYRTLE
INDEPENDENCE, KS 673DI
PROVIDER NO: I72SII

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 080985
OWNERSHIP: PROFIT
INTERMEDIARY: 00150
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 010
RENAL NETWORK: 12
PHONE: (316)331-2200

UNIVERSITY OF KANSAS MEDICAL CENTER
39TH ST & RAINBOW BLVD
KANSAS CITY, KS 66103
PROVIDER NO: I7DD4D

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 082077
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO: 172301

HCFA REGION: 07
TOTAL STATIONS: 01M
RENAL NETWORK: 12
PHONE: (913)588-6072

JOHNSON COUNTY DIALYSIS INC
1D4D5 W 84TH TERRACE
LENEXA, KS 6621 4
PRDVIDER ND: I72SDI

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 060883
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 015
RENAL NETWORK: 12
PHONE: (913)492-2044

COMMUNITY DIALYSIS SRVCS OF KC
9365 WEST 75TH
OVERLAND PARK, KS 662D4
PRDVIDER ND: I725D9

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 051188
OWNERSHIP: PROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 012
RENAL NETWORK: 12
PHONE: (315)881-7800

ASBURY HOSP
40D S SANTA FE
SALINA, KS 674D1
PRDVIDER NO: 17DD12

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 061785
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00150
CROSS-REFER NO: 172306

HCFA REGION: 07
TOTAL STATIONS: 008
RENAL NETWORK: 12
PHONE: (315)825-5416

SALINE COUNTY DIALYSIS
7DD EAST IRON
SALINA, KS 674DI
PROVIDER NO: 1725D2

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 061785
OWNERSHIP: PROFIT
INTERMEDIARY: 00140
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 009
RENAL NETWORK: 12
PHONE: (913)823-6460

ST FRANCIS HOSP AND MED CTR
634 SW MULVANE
TOPEKA, KS 666D6
PRDVIDER ND: I7DD16

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 040187
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00150
CROSS-REFER ND: 172300

HCFA REGION: 07
TOTAL STATIONS: 000
RENAL NETWORK: 12
PHONE: (913)295-8081

KANSAS DIALYSIS SERVICES
634 SW MULVANE SUITE 300
TOPEKA, KS 666D6
PROVIDER NO: 1725D8

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 040187
OWNERSHIP: PROFIT
INTERMEDIARY: 00150
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 016
RENAL NETWORK: 12
PHONE: (913)295-8081

STATE-KANSAS CONTINUED

KANSAS DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061588	HCFA REGION: 07
884 BOULVARD N W., SUITE 600	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
TOPEKA, KS 66606	SELF-CARE:	INTERMEDIARY: 00150	SEGAL NETWORK: 12
PROVIDER NO: 172510	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(913)242-8844
ST FRANCIS HOSP	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 120186	HCFA REGION: 07
929 N ST FRANCIS AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
WICHITA, KS 67214	SELF-CARE:	INTERMEDIARY: 00150	REGAL NETWORK: 12
PROVIDER NO: 170122	TRAINING:	CROSS-REFER NO:172303	PHONE:(316)266-5623
WICHITA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070186	HCFA REGION: 07
808 NORTH TOPEKA	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 023
WICHITA, KS 67214	SELF-CARE:	INTERMEDIARY: 00150	SERAL NETWORK: 12
PROVIDER NO: 172505	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(316)268-5891
KANSAS NEPHROLOGY ASSOCIATES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120186	HCFA REGION: 07
1007 N. EMPORIA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 043
WICHITA, KS 67214	SELF-CARE:	INTERMEDIARY: 00150	RENAL NETWORK: 12
PROVIDER NO: 172504	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(316)268-6969

STATE=KENTUCKY

ASHLAND KIDNEY CENTER OF DL8H 118 ST. CHRISTOPHER DRIVE ASHLAND, KY 41101 PRDVIDER ND: 180036	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPNOVED: 031584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CROSS-REFIN NO:180300	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 09 PHONE:(606)836-2433
HIGHLANDS DIALYSIS FACILITY P.O. BOK 9 AUKIER, KY 41602 PRDVIDER ND: 182507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPNOVED: 040278 OWNERSHIP: NONPROFIT INTERMEDIARY: 0016D CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(606)886 8863
BOWLING GREEN HEMODIALYSIS CENTER 1834 LYDA AVE BOWLING GREEN, KY 42101 PRDVIDER ND: 182505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPNOVED: 081678 OWNERSHIP: PNOFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 09 PHONE:(502)782-1310
DIALYSIS CLINIC INC SDD S MAIN ST CDRBIN, KY 40701 PRDVIDER NO: 182508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPNOVED: D114N0 OWNERSHIP: NONPROFIT INTERMEDIARY: 0016D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(606)525-1070
ST ELIZABETH MEDICAL CENTER 4D1 E 20TH ST CDVINGTON, KY 41014 PRDVIDER NO: 180035	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPNOVED: D30N88 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:182310	HCFA REGION: 04 TOTAL STATIONS: 002 RENAL NETWORK: 09 PHONE:(606)292-4111
DIALYSIS CLINIC INC 1223 SYCAMORE DR DANVILLE, KY 40422 PRDVIDER ND: 182513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPNOVED: 071387 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(606)236 N024
COMMUNITY LIMITED CARE DIALYSIS CTR 900 MEDICAL VILLAGE DR EDGEWOOD, KY 41017 PRDVIDER NO: 182511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPNOVED: 080283 OWNERSHIP: NONPNOFIT INTERMEDIARY: 0016D CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(606)341-4366
WOODLAND DIALYSIS FACILITY 912 WOODLAND DR ELIZABETHTOWN, KY 42701 PRDVIDER ND: 182504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISYED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPNOVED: D90177 OWNERSHIP: PNOFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(502)769-3321
JEKNIE STUART MEMORIAL HDSP HDSPITAL LANE HDPKINSVILLE, KY 42240 PRDVIDER NO: 180051	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D50176 OWNERSHIP: NONPROFIT INTERMEDIARY: 0D160 CROSS-REFER NO:182304	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(502)887-0100
UKIVERSITY OF KENTUCKY MEDICAL CENTER 8DO ROSE SY,SPEC DIAONDSTICS/ESRD LEXINOTON, KY 40536 PRDVIDER NO: 180057	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: D90176 OWNERSHIP: NONPROFIT INTENMEDIAHY: 00160 CROSS-REFER NO:182305	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(606)233 6251
DIALYSIS CLINIC INC 1353 LEESTOWN RD LEKINOYDN, KY 40508 PRDVIDER NO: 182502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISYED: HEMO SELF-CARE: YRAINING: HEMO CAPD	DATE APPNOVED: 09D176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00160 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 09 PHONE:(606)252-7712

DIALYSIS CLINIC, INC 140 RDUTHLAND DRIVE LEXINGTON, KY 40505 PROVIDER NO: 182R12	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D225DR OWNERSHIP: NONPROFIT INTERMEDIARY: ODIRD CND66-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: D1D RENAL NETWORK: DR PHONE: (RD6)278-D351
JEWISH HOSP 217 E CHESTNUT ST LOUISVILLE, KY 40202 PROVIDER NO: 180040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: ORD17R OWNERSHIP: NONPROFIT INTERMEDIARY: DD16D CNDR5-REFER NO:1823D2	HCFA REGION: 04 TOTAL STATIONS: DD8 RENAL NETWORK: DR PHONE: (5D2)567-4518
U OF LOUISVILLE KIDNEY DISEASE PROGRAM 5DO S FLOYD LOUISVILLE, KY 40292 PROVIDER NO: 182501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: D9017R OWNERSHIP: PROFIT INTERMEDIARY: ODIRD CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: D21 RENAL NETWORK: D9 PHONE: (502)588-5757
KID MEDICAL APPLICATIONS OF LOUISVILLE 224 E BROADWAY LOUISVILLE, KY 40202 PROVIDER NO: 182D05	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: D9017R OWNERSHIP: PROFIT INTERMEDIARY: DD16D CROSS-REFER NO:	HCFA REGION: D4 TOTAL STATIONS: D4D RENAL NETWORK: D9 PHONE: (502)584-3021
NORTON HOSP/KOSAIR CHILDREN'S HOSP 200 EAST CHESTNUT ST LOUISVILLE, KY 40202 PROVIDER NO: 180080	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 1D1686 OWNERSHIP: NONPROFIT INTERMEDIARY: D016D CNDSS-REFER NO:1825DR	HCFA REGION: D4 TOTAL STATIONS: DDO RENAL NETWORK: D9 PHONE: (502)562-8255
UMA OF W LOUISVILLE 2600 W BROADWAY LOUISVILLE, KY 40211 PROVIDER NO: 182R14	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D51580 OWNERSHIP: PROFIT INTERMEDIARY: DD16O CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: DDD RENAL NETWORK: 09 PHONE: (5D2)772-73R3
TROVER CLIN FOUNDATION RENAL DIALYSIS 630 N FRANKLIN ST MADISONVILLE, KY 42431 PROVIDER NO: 182R06	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: DR2D78 OWNERSHIP: NONPROFIT INTERMEDIARY: DD1RD CNDSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: DD6 RENAL NETWORK: D9 PHONE: (5D2)821-5153
DIALYSIS CLINIC INC 44R CLINIC DR MORNEHEAD, KY 40351 PROVIDER NO: 182R0R	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: D4D78D OWNERSHIP: NONPROFIT INTERMEDIARY: DD16D CNDSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: D9 PHONE: (6D6)785-1591
OWENSBORO-DAVIESS CO HOSP- 1101 PEARL RT,P.O. BOX 1D89 OWENSBORO, KY 42301 PROVIDER NO: 180038	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: DRD17R OWNERSHIP: NONPROFIT INTERMEDIARY: DO1RD CROSS-REFER NO:1825DI	HCFA REGION: D4 TOTAL STATIONS: OOR RENAL NETWORK: OR PHONE: (5D2)R26-5D3D
LOURDES HOSP 1530 LONE OAK ROAD PADUCAH, KY 42001 PROVIDER NO: 180102	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: D9D17R OWNERSHIP: NONPROFIT INTERMEDIARY: DO16D CROSS-REFER NO:1825D6	HCFA REGION: D4 TOTAL STATIONS: DD6 RENAL NETWORK: 09 PHONE: (5D2)444-2255

STATE=LOUISIANA

BMA OF ALEXANDRIA INC.
BOX 30116
ALEXANDRIA, LA 71301
PROVIDER NO: I92503

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOWS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 024
RENAL NETWORK: 15
PHONE: (318)487-1063

EARL K LONG HOSPITAL
5825 AIRLINE HIGHWAY
BATON ROUGE, LA 70805
PROVIDER NO: I9DI22

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 1N250R

HCFA REGION: 06
TOTAL STATIONS: 005
RENAL NETWORK: 16
PHONE: (504)358-1245

BIO-MEDICAL APPLICATIONS-BATON ROUGE
524 COLORIAL DR
BATON ROUGE, LA 70806
PROVIDER NO: I9250I

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOWS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 024
RENAL NETWORK: 16
PHONE: (504)927-3313

BMA OF BATON ROUGE-CENTRAL
5348 FLANDERS DR
BATON ROUGE, LA 70809
PROVIDER NO: I92524

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 061582
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 15
PHONE: (504)766-6044

BIO-MEDICAL APPLICATIONS AIRPORT INC
12230 PLANK RD
BATON ROUGE, LA 70811
PROVIDER NO: I92539

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082080
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOWS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 15
PHONE: (504)774-4164

BOGALUSA KIDNEY CARE
2108 SOUTH AVE F
BOGALUSA, LA 70427
PROVIDER NO: I9254D

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 111286
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 13
PHONE: (504)735-7810

BOSSIER REGIONAL DIALYSIS CENTER
1514 DOCTORS DR
BOSSIER CITY, LA 71111
PROVIDER NO: I92532

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082884
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 15
PHONE: (318)746-8441

CHALMETTE DIALYSIS CENTER
4020 PARIS RD
CHALMETTE, LA 70043
PROVIDER NO: I92515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 041381
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 15
PHONE: (504)277-8428

NORTHLAKE DIALYSIS CENTER
1131 S TYLER ST, UNIT 10
COVINGTON, LA 70433
PROVIDER NO: I92536

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 010686
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 16
PHONE: (504)893-2011

NORTHSHORE KIDNEY CENTER
P.O. BOX 565
COVINGTON, LA 70433
PROVIDER NO: I92544

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:

DATE APPROVED: 072787
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 004
RENAL NETWORK: 16
PHONE: (504)893-7265

COVINGTON DIALYSIS CTR
HIGHLAND PLAZA BLDG I #107
COVINGTON, LA 70433
PROVIDER NO: I92549

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 020588
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CHOSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 002
RENAL NETWORK: 16
PHONE: (504)898-0304

STATE-LOUISIANA CONTINUED

CROWLEY DIALYSIS CENTER 425 EAST 8TH ST CROWLEY, LA 70526 PROVIDER NO: 192550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022106 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 13 PHONE:(318)783-0013
RENAL CENTER INC. 108 RAILROAD AVE DONALDSONVILLE, LA 70346 PROVIDER NO: 192550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022200 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 13 PHONE:(504)473-1136
RIVERSIDE MEDICAL CTR BOX 520-SOUTH MAIN ST FARRIORTON, LA 70458 PROVIDER NO: 19004R	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080704 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:182316	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 13 PHONE:(504)836-4431
RCI OF GONZALES 2047 RIVERVIEW BLVD, SUITE 501 GONZALES, LA 70737 PROVIDER NO: 192561	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 052400 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 13 PHONE:(504)467-1195
RIVER PARISHES DIALYSIS CENTER 110 N. AIRLINE AVE,P.O. BOX 587 GRAMERCY, LA 70052 PROVIDER NO: 192542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122505 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 13 PHONE:(504)869-4112
FLORIDA PARISHES ART KIDNEY CTR 104 PROF PLAZA HAMMOND, LA 70401 PROVIDER NO: 192505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 13 PHONE:(504)345-5521
OCHSNER CLINIC HOUMA A BAYOU AREA 505 PICORE RD HOUMA, LA 70360 PROVIDER NO: 192505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110178 OWNERSHIP: PROFIT INTERMEDIART: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 13 PHONE:(504)868-8187
SOUTHERN DIALYSIS SERVICES INC. 1001 BELANGER ST HOUMA, LA 70361 PROVIDER NO: 192552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062780 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE:(504)868-0585
DIALYSIS CENTER OF KENNER 2225 WILLIANS BLVD 5201 KENNER, LA 70062 PROVIDER NO: 192526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021103 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 13 PHONE:(504)466-8083
KENNER RENAL CENTER INC 200 W ESPLANADE AVE #412 KENNER, LA 70065 PROVIDER NO: 192524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 011585 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 13 PHONE:(504)464-8503
ACADIANA ARTIFICIAL KIDNIT CTR 200 W ST MARY ST LAFAYETTE, LA 70506 PROVIDER NO: 192504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 021 RENAL NETWORK: 13 PHONE:(318)233-6563

LAFAYETTE DER MED CTR
1214 COOLIDGE AVE
LAFAYETTE, LA 70505
PROVIDER NO: 190002

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 072287
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 192321

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE: (318)261-7305

ST PATRICK HOSP OF LAKE CHARLES
524 S RYAN, P.O. BOX 5401
LAKE CHARLES, LA 70602
PROVIDER NO: 190027

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 192304

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 15
PHONE: (318)436-2511

LAPLACE DIALYSIS CENTER
429 W AIRLINE HWY SUITE N
LAPLACE, LA 70068
PROVIDER NO: 192543

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 061287
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE: (504)865-7581

ST CHARLES DIALYSIS CTR INC
924 LAGARDE STREET
LULING, LA 70070
PROVIDER NO: 192526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 062387
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE: (504)785-1383

WEST JEFFERSON DIALYSIS CENTER INC
4907 WICHERS DR
MARRERO, LA 70072
PROVIDER NO: 192520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 011092
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE: (504)340-9900

BIO MED APPLICATIONS OF MARRERO INC
1111 AVE D, SUITE 113
MARRERO, LA 70072
PROVIDER NO: 192521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 010692
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 15
PHONE: (504)948-1645

BMA OF METAIRIE INC
5955 HOUMA BLVD-SUITE 6
METAIRIE, LA 70002
PROVIDER NO: 192511

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 022280
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 011
RENAL NETWORK: 15
PHONE: (504)456-5535

DIALYSIS CENTER OF MINDEN INC
610 FLEMING LANE
MINDEN, LA 71055
PROVIDER NO: 192541

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 120589
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 15
PHONE: (318)371-1552

NORTHERN LOUISIANA DIALYSIS CENTER
P.O. BOX 3305
MONROE, LA 71210
PROVIDER NO: 192510

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 021080
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 025
RENAL NETWORK: 15
PHONE: (318)322-7565

MORGAN CITY DIALYSIS CENTER
1015 ELDRY STREET
MORGAN CITY, LA 70380
PROVIDER NO: 192548

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 120387
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE: (504)385-4213

ASSUMPTION DER ARTIFICIAL KIDNEY CTR
P.O. BOX 817
NAPOLEONVILLE, LA 70390
PROVIDER NO: 192502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 15
PHONE: (504)369-6171

STATE=LOUISIANA CONTINUED

NAICHITOCHES DIALYSIS FACILITY SBI KEYSER AVE-ROM 2042 NAICHITFCHEN, LA 71457 PROVIDER NO: 192525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: TRAINING:	DATE APPROVED: 080602 OWNERSHIP: PNOFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 13 PHONE:(010)352-1660
BAYOU TECHE KIDNEY CENTER 101 E MAIN ST NEW IBERIA, LA 70560 PROVIDER NO: 192527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO	DATE APPROVED: 082502 OWNERSHIP: PNOFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 13 PHONE:(010)364-1105
CHARITY HOSP OF NEW ORLEANS 1532 TULANE AVE NEW ORLEANS, LA 70140 PROVIDER NO: 190004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO	DATE APPROVED: 051684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192300	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 13 PHONE:(504)568-3601
HOTEL DIEU HOSP 2021 PERDIDO ST NEW ORLEANS, LA 70112 PROVIDER NO: 190055	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: NEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 100184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192304	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 13 PHONE:(504)588-8655
ALTON OCHSNER MEDICAL FOUNDATION 1516 JEFFERSON HWY NEW ORLEANS, LA 70121 PROVIDER NO: 190039	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 082284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192310	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 13 PHONE:(504)838-4000
TOURO INFIRMARY 1401 FOUCHER ST NEW ORLEANS, LA 70115 PROVIDER NO: 190046	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192306	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(504)897-8530
SOUTHERN BAPTIST HOSPITAL 2700 NAPOLEON AVE NEW ORLEANS, LA 70115 PROVIDER NO: 190165	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: NEMO PERI SELF-CARE: NEMO TRAINING: NEMO PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:162311	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 13 PHONE:(504)897-5927
TULANE MEDICAL CTR HOSP 1415 TULANE AVE NEW ORLEANS, LA 70112 PROVIDER NO: 190176	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO PERI CAPD CCPD	DATE APPROVED: 042479 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192314	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 13 PHONE:(504)588-7301
GREATER NEW ORLEANS ART KIDNEY CTR 2000 TULANE AVE NEW ORLEANS, LA 70112 PROVIDER NO: 192300	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: TRAINING: NEMO CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 031 RENAL NETWORK: 13 PHONE:(504)581-6227
WESTBANK CHRONIC RENAL CTR 4422 ORENAL RIVER AVE,SUITE 106 NEW ORLEANS, LA 70114 PROVIDER NO: 192507	FACILITY TYPE: DIALYSIS FACILITY STAFF ASSISTED: NEMO SELF-CARE: TRAINING: NEMO	DATE APPROVED: 011978 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(504)366-0808
010 MED APPLICATIONS OF NEW ORLEANS E 7300 BULLARD AVE SUITE 14A NEW ORLEANS, LA 70128 PROVIDER NO: 192514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: NEMO SELF-CARE: TRAINING:	DATE APPROVED: 040481 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 13 PHONE:(504)245-1032

STATE=LOUISIANA CONTINUED

TNI-PARISH CHRONIC RENAL CTR
2359 ST CLAUDE AVE
NEW ORLEANS, LA 70117
PROVIDER NO: 192523

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 090192
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 013
RENAL NETWORK: 19
PHONE: (504)949-1297

MID-CITY DIALYSIS CTR
319 NORTH DENOIS ST 0112
NEW ORLEANS, LA 70119
PROVIDER NO: 192527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 072052
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 007
RENAL NETWORK: 19
PHONE: (504)488 0005

KIDNEY CARE OF NEW ORLEANS
2129 MAGAZINE ST
NEW ORLEANS, LA 70130
PROVIDER NO: 192529

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091853
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 19
PHONE: (504)524-1132

OCHSNER CLINIC DIALYSIS CENTER
1514 JEFFERSON HIGHWAY
NEW ORLEANS, LA 70121
PROVIDER NO: 192531

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 111083
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 19
PHONE: (504)838-5000

ST CLAUDE DIALYSIS CENTER
2435 ST CLAUDE AVE
NEW ORLEANS, LA 70117
PROVIDER NO: 192539

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO

DATE APPROVED: 111584
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 19
PHONE: (504)949-0194

MEDICAL AMBULATORY CARE, INC
3500 PRYTANIA ST., STE 83
NEW ORLEANS, LA 70115
PROVIDER NO: 192545

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 110187
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 19
PHONE: (504)895-9128

OPELOUSAS ARTIFICIAL KIDNEY CTR
1207 CHOCTAW
OPELOUSAS, LA 70570
PROVIDER NO: 192518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 080281
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 017
RENAL NETWORK: 15
PHONE: (318)948-1550

RUSTON KIDNEY CENTER
217 LUNTSFORD LANE
RUSTON, LA 71270
PROVIDER NO: 192546

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 102687
OWNERSHIP: PROFIT
INTERMEDIARY: 00170
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 005
RENAL NETWORK: 15
PHONE: (318)251-5788

SCHUMPERT MEDICAL CENTER
915 MARGARET PLACE
SHREVEPORT, LA 71120
PROVIDER NO: 190041

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 070284
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 192317

HCFA REGION: 06
TOTAL STATIONS: 000
RENAL NETWORK: 15
PHONE: (318)227-4715

LOUISIANA STATE UNIV. HOSP.
P.O. BOX 33932
SHREVEPORT, LA 71130
PROVIDER NO: 190098

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 192307

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 15
PHONE: (318)674-5390

WILLIS KNIGHTON MEDICAL CENTER
2600 GREENWOOD RD
SHREVEPORT, LA 71103
PROVIDER NO: 190111

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: CAPD

DATE APPROVED: 063177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00170
CROSS-REFER NO: 192305

HCFA REGION: 06
TOTAL STATIONS: 009
RENAL NETWORK: 15
PHONE: (318)632-4759

STATE=LOUISIANA CONTINUED

SHREVEPORT REGIONAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092080	HCFA REGION: 06
2121 FAIRFIELD AVE,SUITE 160	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
SHREVEPORT, LA 71104	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 13
PROVIDER NO: 192512	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(318)797-9765
DIALYSIS CENTER OF SHREVEPORT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070883	HCFA REGION: 06
8821 SOUTHERN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
SHREVEPORT, LA 71108	SELF-CARE: HEMO PERI	INTERMEDIART: 00170	RENAL NETWORK: 13
PROVIDER NO: 192502	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(318)869-3016
ST TAMMANY PARISH RENAL CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110380	HCFA REGION: 06
1412 CORPORATE SQUARE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
SLIDELL, LA 70458	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 13
PROVIDER NO: 192514	TRAINING:	CROSS-REFER NO:	PHONE:(504)649-0928
ST TAMMANY PARISH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101581	HCFA REGION: 06
1015 ELDRIDA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
SLIDELL, LA 70458	SELF-CARE:	INTERMEDIART: 00170	RENAL NETWORK: 13
PROVIDER NO: 192510	TRAINING:	CROSS-REFER NO:	PHONE:(504)649-6910
SCHERER CLINIC OF THIBODAUX	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040785	HCFA REGION: 06
408 W ACADIA RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
THIBODAUX, LA 70301	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 13
PROVIDER NO: 192558	TRAINING:	CROSS-REFER NO:	PHONE:(504)448-2527
BAYOU LAFOURCHE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070386	HCFA REGION: 06
602 W ACADIA RD HWY,P.O. BOX 741	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
THIBODAUX, LA 70302	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 13
PROVIDER NO: 192557	TRAINING:	CROSS-REFER NO:	PHONE:(504)447-5500

STATE=MAINE

EASTERN MAINE MED CTR 489 STATE ST BANGOR, ME 04401 PROVIDER NO: 200033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CHOW-REFER NO: 202301	HCFA REGION: 01 TOTAL STATIONS: 014 RENAL NETWORK: 01 PHONE: (207)947-8711
LEWISTON/AUBURN MDNEY CTR 707 MAIN ST LEWISTON, ME 04240 PROVIDER NO: 202501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110184 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CHOW-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (207)784-2256
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102 PROVIDER NO: 200009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CHOW-REFER NO: 202300	HCFA REGION: 01 TOTAL STATIONS: 005 RENAL NETWORK: 01 PHONE: (207)871-2417
SOUTHERN MAINE DIALYSIS FACILITY 66 BRAMHALL ST-BOX 8480 PORTLAND, ME 04104 PROVIDER NO: 202500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 101777 OWNERSHIP: PROFIT INTERMEDIARY: 00100 CHOW-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 021 RENAL NETWORK: 01 PHONE: (207)774-5566
MID-MAINE MEDICAL CENTER NORTH STREET WATERVILLE, ME 04901 PROVIDER NO: 200039	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CHOW-REFER NO: 202302	HCFA REGION: 01 TOTAL STATIONS: 008 RENAL NETWORK: 01 PHONE: (207)872-1200

STATE-MARIANA ISLANDS

COMMONWEALTH HEALTH CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062688	HCFA REGION: 09
P.O. BOX 409 CIC	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
SAIPAN,MARIANA ISL, CM 96950	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 17
PROVIDER NO: 602500	TRAINING:	CROSS-REFER NO:	PHONE:(111)671-7956

STATE=MARYLAND

BIO-MEDICAL APPLICATIONS OF ANNAPOLIS
203 RIDDELY ROAD
ANNAPOLIS, MD 21401
PROVIDER NO: 212509

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:

DATE APPROVED: 080178
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (301)267-0794

UNIV OF MD MEDICAL SYSTEM
22 S GREENE ST
BALTIMORE, MD 21201
PROVIDER NO: 210002

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO: 212300

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (301)528-6284

JOHNS HOPKINS HOSP
600 N WOLFE ST
BALTIMORE, MD 21205
PROVIDER NO: 210009

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO: 212301

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (301)955-5610

BON SECOURS HOSP
1940 W BALTIMORE ST
BALTIMORE, MD 21223
PROVIDER NO: 210013

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 051680
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO: 212300

HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (301)566-2700

FRANCIS SCOTT KEY MEDICAL CTR
4940 EASTERN AVENUE
BALTIMORE, MD 21224
PROVIDER NO: 210029

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CROSS-REFER NO: 212305

HCFA REGION: 03
TOTAL STATIONS: 027
RENAL NETWORK: 05
PHONE: (301)396-9067

MARYLAND DEN HOSP-DIALYSIS CTR
827 LINDEN AVE
BALTIMORE, MD 21201
PROVIDER NO: 210038

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: PER1
TRAINING: PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CROSS-REFER NO: 212404

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (301)728-7800

OOOO SAMARITAN HOSP-ESRD
5801 LOCH RAVEN BLVD
BALTIMORE, MD 21239
PROVIDER NO: 210058

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 070178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO: 212308

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 05
PHONE: (301)823-2200

MASON F LORD DIALYSIS UNIT
5200 EASTERN AVE, 02E
BALTIMORE, MD 21224
PROVIDER NO: 210902

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CROSS-REFER NO: 212308

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (301)366-6741

LOUIS J KOLODNER DIALYSIS UNIT
803 NORTH EUTAW STREET
BALTIMORE, MD 21201
PROVIDER NO: 212504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 022
RENAL NETWORK: 05
PHONE: (301)728-4077

ROTUNDA CTR FOR INDEPENDENT DIALYSIS
733 W 40TH ST
BALTIMORE, MD 21211
PROVIDER NO: 212513

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 041691
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (301)366-5400

INDEPENDENT DIALYSIS FOUNDATION
411 CIDER ALLEY, MARLBORO CENTER
BALTIMORE, MD 21201
PROVIDER NO: 212515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 021782
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 025
RENAL NETWORK: 05
PHONE: (301)528-5720

CHESAPIAKE-BAY DIALYSIS FACILITY
4540 EASTERN AVE
BALTIMORE, MD 21224
PROVIDER NO: 212521
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: PERI
SELF-CARE: PERI
TRAINING: PERI
DATE APPROVED: 111885
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00120
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 002
RENAL NETWORK: 05
PHONE: (301)342-7800

DOWNTOWN DIALYSIS CENTER
922 LINDEN AVE
BALTIMORE, MD 21201
PROVIDER NO: 212522
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 102488
OWNERSHIP: PROFIT
INTERMEDIARY: 00120
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 024
RENAL NETWORK: 05
PHONE: (301)225-8480

WHITE SQUARE DIALYSIS CENTER
5105 FRANKLIN SQUARE DR, 5516
BALTIMORE, MD 21237
PROVIDER NO: 212525
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 121585
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00180
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 05
PHONE: (301)955-0614

NORTHWEST DIALYSIS CTR
2435 W BELVEDERE AVE, 9022
BALTIMORE, MD 21215
PROVIDER NO: 212521
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 050187
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (301)664-0700

DMA OF GREATER BALTIMORE
5565 N CHARLES ST
BALTIMORE, MD 21204
PROVIDER NO: 212531
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 020488
OWNERSHIP: PROFIT
INTERMEDIARY: 00180
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (301)424-0007

COMMUNITY DIALYSIS MCCR.
10770 BALTIMORE AVE
BELTSVILLE, MD 20705
PROVIDER NO: 212535
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 061187
OWNERSHIP: PROFIT
INTERMEDIARY: 00120
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (301)595-0288

OCEAN CITY DIALYSIS SERVICES, INC.
RT 9 OOR 12
OERLIN, MD 01811
PROVIDER NO: 212520
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 101486
OWNERSHIP: PROFIT
INTERMEDIARY: 00180
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 003
RENAL NETWORK: 05
PHONE: (301)541-4747

OIO-MEDICAL APPLICATIONS OF WASHINGTON
4505 DEL RAY AVE
BETHESDA, MD 20014
PROVIDER NO: 212505
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIART: 00080
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: ORI
RENAL NETWORK: 05
PHONE: (301)652-2662

DMA OF CAMP SPRINGS
4700 AUTH PLACE #300
CAMPSPRINGS, MD 20748
PROVIDER NO: 212501
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: ORI
RENAL NETWORK: 05
PHONE: (301)423-5858

BON SECOURS DIAL CTR
5200 BALTIMORE NATL PIKE
CATONSVILLE, MD 21228
PROVIDER NO: 212529
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 022787
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (301)747-2356

CATONSVILLE DIALYSIS CENTER
720 MAIDER CHOICE LANE
CATONSVILLE, MD 21228
PROVIDER NO: 212528
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 060187
OWNERSHIP: PROFIT
INTERMEDIARY: 00120
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 000
RENAL NETWORK: 05
PHONE: (301)744-7900

PRINCE GEORGES GENERAL HOSPITAL
1 HOSPITAL DR
CHEVERLY, MD 20785
PROVIDER NO: 21DDD3

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091182
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00090
CMS99-REFEN NO:212911

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE:(301)341-2100

HOWARD COUNTY DIALYSIS FACILITY
11085 LITTLE PATUXENT PKWY,SUITE 007
COLUMBIA, MD 21045
PROVIDER NO: 212516

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 102552
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 05
PHONE:(301)997-4244

MEMORIA HOSP : MEDICAL CTR CUMBERLAND
600 MEMORIAL AVE
CUMBERLAND, MD 21502
PROVIDER NO: 210025

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:212302

HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 05
PHONE:(301)774-4000

CUMBERLAND REGIONAL DIALYSIS
517 OLD TOWN RD
CUMBERLAND, MD 21502
PROVIDER NO: 212532

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 020488
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 000
RENAL NETWORK: 05
PHONE:(301)777-0090

MID-SHORE DIALYSIS CTR
402 MARVEL COURT
EASTON, MD 21601
PROVIDER NO: 212512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 010281
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 016
RENAL NETWORK: 05
PHONE:(301)822-9114

CHESAPEAKE KIDNEY CTR ELKTON
306 W PULASKI HDWY
ELKTON, MD 21921
PROVIDER NO: 212526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 040187
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 05
PHONE:(301)398-4551

BON SECOURS DIALYSIS CENTER
120 N LANDLEY RD
GLEN BURNIE, MD 21061
PROVIDER NO: 212519

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 05
PHONE:(301)760-7100

WESTERN MARYLAND CENTER
1500 PENNSYLVANIA AVE
HAGERSTOWN, MD 21740
PROVIDER NO: 212507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 016
RENAL NETWORK: 05
PHONE:(301)791-4400

METROPOLITAN DIALYSIS CENTER
3311 TOLEDO, SUITE A-102
HYATTSVILLE, MD 20782
PROVIDER NO: 212524

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 021087
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE:(301)853-2900

CHESAPEAKE KIDNEY CENTER
626 TOWNE CTR DR,RUMSEY BLDG
JOPPATOWNE, MD 21085
PROVIDER NO: 212517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 062053
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE:(301)679-1600

KIDNEY CARE CENTER INC
13500 MERCANTILE LN, SUITE 194
LANDOVER, MD 20785
PROVIDER NO: 212530

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 070487
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CMS99-REFEN NO:

HCFA REGION: 03
TOTAL STATIONS: 024
RENAL NETWORK: 05
PHONE:(301)926-4100

DUCTORR HOSP OF PRINCE GEORGER CO RIIR ODDD LUCR RO LANHAM, MD 2D70R PROVIOER RO: 2100RI	FACILITY TYPE: DIALYSIS CENTER RTAFF-ARRIRTED: HEMO RELF-CARE: TRAININD: HEMO CAPO CCPD	OATE APPROVED: D122RD OWRERSHIP: PRDFIT IRTERMEDIARY: DDD8D CROSS-REFER RO:212307	HCFA REDIOR: D3 TOTAL STATIORS: D18 RERAL RETWORR: 05 PHORE:(3OI)552-94DO
OMA OF LAUREL 9RII MALLARD DR RIO7 LAUREL, MD 20708 PRUVIDER NO: 212ROR	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASRIRTED: HEMO RELF-CARE: HEMO TRAIRIRO: HEMO PERI CAPO CCPD	DATE APPROVED: ORDI77 OWRERSHIP: PROFIT IRTERMEDIARY: DDDRD CROSS-REFER RO:	HCFA REDIOR: 03 TDTAL STATIORS: DDR RERAL RETWORR: D5 PHORE:(3OI)R58-3D7D
CERTRAL MARYLAND RIOREY CERTER 1010 PDT RPRIRDR RD, SUITE 100 LUTHIRVILLE, MD 21093 PRDVIDER RU: 212R14	FACILITT TYPE: DIALYRIS FACILITY STAFF-ARSISTEO: HEMO RILF-CARE: TRAIRIRD: HEMO CAPO	DATE APPROVED: D7D781 DWRERSHIP: PRDFIT IRTERMEDIARY: DDIRD CROSS-REFER RO:	HCFA REDIOR: D3 TDTAL STATIORS: DI8 RERAL RETWORR: D5 PHDRE:(3OI)628-6211
OMA OF REW MARKET REW MARKET PLAZA RR4 ROX 362 MUCHANICSVILLE, MD 20RSR PHDVIOER NO: 212D10	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAIWIRO: HEMO CAPO CCPD	DATE APPRDVED: DII18O DWNERSHIP: PROFIT IRTERMEDIARY: DDDRO CRDSS-REFER RO:	HCFA REDIOR: D3 TOTAL STATIORS: OOR RERAL RETWORK: D5 PHORE:(3DI)870-2174
SHADY GROVE DIALYRIR CERTER 14RIB GRONCHART RD,RUITE IDO ROCKVILLE, MD 2DRRO PNDVIDER RO: 212RII	FACILITY TYPE: DIALYSIS FACILITY STAFF-ARRIRTED: HEMO RELF-CARE: HEMO TRAININD: HEMO CAPD CCPD	DATE APPRDVED: D33I8O DWNERSHIP: PROFIT IRTERMEDIARY: 52200 CRDSS-REFER RO:	HCFA REDIDR: D3 TOTAL STATIORS: DD8 RERAL RETWORR: D5 PHDRE:(3DI)R26-D4DD
DEIRR HIAD CERTER RENAL DIALYRIR PD BDX 2018 RALEIROURY, MD 21NDI PRDVIDER RO: 212508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASRIRTEO: HEMO PERI RELF-CARE: TRAINIRO: HEMO PERI CAPD	DATE APPRDVED: O9DI77 OWNERSHIP: RDRPRDFIT IRTERMEDIARY: DOI9D CRDSS-REFER RO:	HCFA REDIDR: D3 TOTAL STATIORS: DI8 RERAL RETWORR: D5 PHDRE:(3OI)742-2184
HOLY CRORS HDSPITAL 1500 FDRERT GLER ROAD RILVER SPRIRG, MD 20N10 PROVIOER RO: 210004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASRISTED: HEMO RELF-CARE: TRAIRIND: HEMO PERI CAPO CCPO	DATE APPRDVED: DI26OI OWRERSHIP: RDRPROFIT IRTERMEDIARY: 5223D CROSS-REFER RO:212310	HCFA REDIDN: D3 TOTAL STATIORS: DIO RERAL RETWORR: D5 PHORE:(3DI)56S-1356
OMA OF TAKOMA PARA 7014 WESTMORELAND AVE TAADMA PARA, MD 20912 PROVIDIR RO: 212522	FACILITY TYPE: DIALYSIS FACILITY RTAFF-ASSISTED: HEMO SELF-CARE: TRAINIRO:	DATE APPROVED: O5D388 OWRERSHIP: PRDFIT IRTERMEDIARY: DOIRD CRDSS-REFER RO:	HCFA REDIDR: D3 TDTAL STATIONS: DI2 RENAL RETWORR: D5 PHORE:(2D2)729-RD1D

STATE=MASSACHUSETTS

N. SHORE REGIONAL RIDREY DIALYSIS CTR
HERRICR & HEATHER STS
BEVERLY, MA 0191S
PROVIDER RO: 220033

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 080577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222302

REGION: 01
TOTAL STATIONS: 010
RENAL NETWORK: 01
PHONE: (508)922-3000

UNIVERSITY HOSP
75 E NEWTON ST
BOSTON, MA 0211B
PROVIDER RO: 220031

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222301

REGION: 01
TOTAL STATIONS: 004
RENAL NETWORK: 01
PHONE: (617)638-7290

MASSACHUSETTS GENERAL HOSP
32 FRUIT ST
BOSTON, MA 02114
PROVIDER RO: 220071

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222306

REGION: 01
TOTAL STATIONS: 006
RENAL NETWORK: 01
PHONE: (617)726-8702

BETH ISRAEL HOSP
330 BROOKLINE AVE
BOSTON, MA 0221S
PROVIDER RO: 220086

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222308

REGION: 01
TOTAL STATIONS: 010
RENAL NETWORK: 01
PHONE: (617)735-2147

BRIGHAM & WOMEN'S HOSP
75 FRANCIS ST
BOSTON, MA 02115
PROVIDER RO: 220110

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 080577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222309

REGION: 01
TOTAL STATIONS: 010
RENAL NETWORK: 01
PHONE: (617)732-6132

NEW ENGLAND MED CTR HOSP
750 WASHINGTON ST,P.O. BOX 1016
BOSTON, MA 02111
PROVIDER RO: 220116

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 100786
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222310

REGION: 01
TOTAL STATIONS: 000
RENAL NETWORK: 01
PHONE: (617)956-6500

NEW ENGLAND DEACONESS HOSP
185 PILGRIM RD
BOSTON, MA 0221S
PROVIDER RO: 220118

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 081177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222311

REGION: 01
TOTAL STATIONS: 012
RENAL NETWORK: 01
PHONE: (617)732-8495

KIDREY CENTER
1055 COMMONWEALTH AVE
BOSTON, MA 0221S
PROVIDER RO: 222500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 050577
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

REGION: 01
TOTAL STATIONS: 044
RENAL NETWORK: 01
PHONE: (617)254-9100

BMA OF BOSTON
2110 DORCHESTER AVE-SETON MED BL
BOSTON, MA 02124
PROVIDER RO: 222508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 010183
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

REGION: 01
TOTAL STATIONS: 011
RENAL NETWORK: 01
PHONE: (617)298-2475

DIALYSIS CLINIC INC
250 TREMONT ST
BOSTON, MA 0211B
PROVIDER RO: 222509

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 092985
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

REGION: 01
TOTAL STATIONS: 005
RENAL NETWORK: 01
PHONE: (617)956-6309

CHILDRENS HOSPITAL MED CTR ESRD
300 LONGWOOD AVE
BOSTON, MA 0211S
PROVIDER RO: 223302

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 080577
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222212

REGION: 01
TOTAL STATIONS: 005
RENAL NETWORK: 01
PHONE: (617)735-7831

STATE-MASSACHUSETTS CONTINUED

ST ELIZABETHS HOSP
736 CAMBRIDGE ST
BRIGHTON, MA 02135
PROVIDER NO: 220080

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222303

HCFA REGION: 01
TOTAL STATIONS: 008
RENAL NETWORK: 01
PHONE:(617)738-2258

BROCKTON DIALYSIS CENTER
875 WESTGATE DRIVE
BROCKTON, MA 02401
PROVIDER NO: 220500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 031481
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

HCFA REGION: 01
TOTAL STATIONS: 025
RENAL NETWORK: 01
PHONE:(617)580-2791

LAHEY CLINIC MEDICAL CTR
41 MALL RD
BURLINGTON, MA 01805
PROVIDER NO: 220171

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 022184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222313

HCFA REGION: 01
TOTAL STATIONS: 005
RENAL NETWORK: 01
PHONE:(617)273-8023

DUBBARK HOSPITAL DIALYSIS UNIT
NICHOLS ROAD
FITCHBURG, MA 01420
PROVIDER NO: 220001

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082887
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:22231T

HCFA REGION: 01
TOTAL STATIONS: 005
RENAL NETWORK: 01
PHONE:(617)343-5062

BMA OF FRAMINGHAM
228 WALNUT ST
FRAMINGHAM, MA 01701
PROVIDER NO: 222504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 052780
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

HCFA REGION: 01
TOTAL STATIONS: 014
RENAL NETWORK: 01
PHONE:(508)879-4144

FRANKLIN MEDICAL CTR,
164 HIGH ST
GREENFIELD, MA 01301
PROVIDER NO: 220018

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 103181
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51220
CROSS-REFER NO:222314

HCFA REGION: 01
TOTAL STATIONS: 006
RENAL NETWORK: 01
PHONE:(413)772-0211

HOPEDALE DIALYSIS CENTER
94 HOPEDALE RT
HOPEDALE, MA 01747
PROVIDER NO: 222509

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 041687
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

HCFA REGION: 01
TOTAL STATIONS: 010
RENAL NETWORK: 01
PHONE:(617)478-8923

ST JOSEPHS HOSP
220 PAWTUCKET RT
LOWELL, MA 01854
PROVIDER NO: 220045

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:222304

HCFA REGION: 01
TOTAL STATIONS: 009
RENAL NETWORK: 01
PHONE:(617)458-1761

TRI-CITY DIALYSIS CENTER
20 FOREST ST
MEDFORD, MA 02155
PROVIDER NO: 222507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: PERI CAPD CCPD

DATE APPROVED: 072485
OWNERSHIP: PROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

HCFA REGION: 01
TOTAL STATIONS: 010
RENAL NETWORK: 01
PHONE:(617)396-9282

MERRIMACK SATELLITE UNIT
21 UNION ST EXTENSION
MERRIMAC, MA 01860
PROVIDER NO: 22N500

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 011182
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:

HCFA REGION: 01
TOTAL STATIONS: 008
RENAL NETWORK: 01
PHONE:(617)346-9753

NANTUCKET COTTAGE HOSPITAL (SNO
60 SOUTH PROSPECT ST
NANTUCKET, MA 02554
PROVIDER NO: 220081

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 103183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00200
CROSS-REFER NO:22231S

HCFA REGION: 01
TOTAL STATIONS: 001
RENAL NETWORK: 01
PHONE:(617)228-1280

STATE=MASSACHUSETTS CONTINUED

SOUTHEASTERN MASS DIALYSIS CENTER 1215 PURCHASE ST NEW BEDFORD, MA 02740 PROVIDER NO: 222503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091N7N OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 012 RENAL NETWORK: 01 PHONE: (617)994-9892
MARTHA'S VINEYARD HOSP. INC LINTON LANE OAK BLUFFS, MA 02557 PROVIDER NO: 220123	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO: 222318	HCFA REGION: 01 TOTAL STATIONS: 002 RENAL NETWORK: 01 PHONE: (617)693-0410
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201 PROVIDER NO: 220045	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 01247N OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO: 222305	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (413)447-2000
PLYMOUTH ARTIFICIAL KIDNEY CENTER 319 COURT ST PLYMOUTH, MA 02360 PROVIDER NO: 222510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 02208N OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 01 PHONE: (508)747-5444
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST SPRINGFIELD, MA 01199 PROVIDER NO: 220077	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO: 222307	HCFA REGION: 01 TOTAL STATIONS: 007 RENAL NETWORK: 01 PHONE: (413)784-4870
BMA OF SPRINGFIELD 2000 MAIN ST SPRINGFIELD, MA 01103 PROVIDER NO: 222502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51070 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 032 RENAL NETWORK: 01 PHONE: (413)799-5801
MEMORIAL HOSP 119 BELMONT ST WORCESTER, MA 01605 PROVIDER NO: 220026	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51220 CROSS-REFER NO: 222300	HCFA REGION: 01 TOTAL STATIONS: 017 RENAL NETWORK: 01 PHONE: (508)793-6525
UNIV OF MASS TEACHING HOSPITAL 55 LAKE AVENUE NORTH WORCESTER, MA 01655 PROVIDER NO: 220163	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 100287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00200 CROSS-REFER NO: 222918	HCFA REGION: 01 TOTAL STATIONS: 000 RENAL NETWORK: 01 PHONE: (508)856-5821
CAPE COD ARTIFICIAL KIDNEY CENTER 241 WILLOW STREET YARMOUTH, MA 02675 PROVIDER NO: 222501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 00200 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (617)362-4535

ORATIOT COMMUNITY HOSPITAL NOO SOUTH BARBICR DRIVE ALMA, MI 48801 PROVIDER NO: 2R00A0	FACILITY TYPE: OIALYRIR CENTER RTAFF-ARRIRTEO: REMO PERI SELF-CARE: TRAIRIRO: REMO CAPD	DATE APPROVEO: 09D177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232307	HCFA REOION: 05 TOTAL STATIORS: 010 RENAL NETWORN: 11 PHONE:(517)4R3-1101
URIVERSITY HORPITAL IROO E MEDICAL CENIER ARR ARBOR, MI 4810A PROVIOER RO: 2R004A	FACILITY TYPE: TRARRPLANT/OIALYRIR CYR STAFF-ARSISTEO: HEMO PERI SELF-CARI: TRAINIRO: HEMO PERI CAPO	OATE APPROVEO: 090177 OWNERSHIP: NORPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232309	HCFA REOION: 05 TOTAL STATIORS: 005 RENAL RETWORN: 11 PHONE:(313)93R-4800
RT JORRPH MERCY HOSPITAL P O BOX 9A6 5501 E HURON RIVER O ARR ARBOR, MI 4810A PROVIOER RO: 2A015R	FACILITY TYPE: OIALYRIR CERYER STAFF-ASSIRTEO: HEMO SELF-CARI: TRAINIRO: HEMO CAPO	OATE APPROVEO: 0A0177 OWNERSHIP: RORPROFIT INTERMEDIARY: 00210 CROS6-REFER NO:232325	HCFA REOION: 05 TOTAL STATIORS: 004 RENAL RETWORN: 11 PHONE:(313)572-9476
COMMUNITY HOSPITAL ASR OF BATTLE 10A WEST RTREET OATTLE CREEK, MI 4A01R PROVIDER NO: 230109	FACILITY TYPE: OIALYSIS FACILITY-HOSP RTAFF-ASRISTEO: HEMO RELF-CARE: TRAIRIRO:	OATE APPROVEO: 110177 OWRERSHIP: NONPROFIT IRTERMEOIARY: 50230 CROSS-REFER NO:232329	HCFA REOION: 05 TOTAL STATIONS: 006 RERAL RETWORN: 11 PHONE:(616)964-5902
MERCY HOSP OIV SW MI HLTH CARE ASROC 9RO AOARD ST BENTON HARBOR, MI 49022 PROVIDER RO: 2A0021	FACILITY TYPE: OIALYRIS FACILITY-HOSP STAFF-ARSISTIO: HEMO SELF-CARE: IRAIRIRO:	OATE APPROVEO: 090177 OWNERSHIP: NORPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232304	HCFA REOION: 05 TOTAL STATIORS: 010 RERAL RETWORN: 11 PHORE:(616)927-5326
MERCY HOSPITAL 400 HOBART ST CAOILLAC, MI 4A801 PROVIOER RO: 2R00RI	FACILITY TYPE: OIALYRIS FACILITY-HOSP RTAIF-ASSISTEO: HEMO PERI SELF-CARI: YRAIRIRO: REMO PERI CAPO	OATE APPROVEO: 032480 OWNERSHIP: RONPROFIT INTERMEOIARY: 50230 CROSS-REFER RO:232333	HCFA REOION: 05 TOTAL STATIONS: 005 RENAL RETWORK: 11 PHORE:(R16)779-7481
WERTERN MIPRROLOOY SIRVICES IRC 274 EAST CHICAOO AVE COLOWATER, MI 4A03R PROVIOER RO: 232SOR	FACILITY TYPE: OIALYSIR FACILITY RTAIF-AGSIRYEO: HEMO PERI SELF-CARE: TRAINIRO:	OATE APPROVEO: 110184 OWRER6HIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REOION: 05 TOTAL STATIORS: 00R RENAL RETWORN: 11 PHORE:(61R)383-4025
CRYRTAL FALIB COMM HOSP MICHIOAN AVE ARO ARO ST CRYSTAL FALLR, MI 48920 PROVIDER NO: 2A01A4	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-AS6ISTEO: HEMO SELF-CARE: TRAINIRO:	OATE APPROVED: 090177 OWNERSHIP: RONPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:23232R	HCFA REOION: 05 TOTAL STATIONS: 003 RENAL RETWORN: 11 PHORE:(906)875-6661
ORLERFIELD HEALTH SYSTEMS CORP 1A401 HUBBARD DR DEARRORK, MI 4812A PROVIOER RO: 232507	FACILITY TYPE: OIALYSIS FACILITY RTAIF-ASRIRTEO: REMO SILF-CARE: TRAIRIRO: HEMO CAPO	OATE APPROVED: 1017R3 OWNERSHIP: NONPROFIT INTERMEOIARY: 00210 CROSR-REFER NO:	HCFA REOION: 05 TOTAL STATIONS: 018 RENAL RETWORN: 11 PHORE:(313)593-8291
MI CARMEL MERCY HOSPITAL ARO MED CTR 8071 W OUIER DR DETROIT, MI 4R235 PROVIOER RO: 2A00AA	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSIGTED: HEMO PERI SELF-CARE: TRAIRIRO: HEMO PERI CAPO	DATE APPROVED: 0A0177 OWNERSHIP: NONPROFIY INTERMEOIARY: 00210 CROSS-REFER NO:232308	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL RETWORK: 11 PRONE:(313)927-7725
HENRY FORD HOSPITAL 2799 W ORARD RLVD DEIROIT, MI 4R202 PROVIDER RO: 230083	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED SELF CARE: TRAIRIRO:	OATE APPROVEO: 101783 OWRERSHIP: NORPROFIT INTERMEOIARY: 00210 CROSS-REFER NO:232310	HCFA REOION: 05 TOTAL STATIONS: 000 RENAL RETWORN: 11 PHORE:(313)876-2030

HUTZEL HOSPITAL 4TDT ST ANTOINE DETROIT, MI 48201 PROVIDER NO: 23D075	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 1222R4 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:2R2R1R	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(313)745-7145
SAMARITAN HEALTH CENTER 5555 CORRERS ST DETROIT, MI 48213 PROVIDER NO: 23D147	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 0R01TT OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:232R2R	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(313)824-R450
SAINT JOHN HOSP 22101 MOROSS RD DETROIT, MI 48236 PROVIDER NO: 23D165	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 0N0NR0 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:232RR4	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(313)343-4000
810-MEDICAL APPLICATION OF DETROIT 4727 ST ANTOINE DETROIT, MI 48201 PROVIDER NO: 232SD0	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 0N0177 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:	HCFA REGION: 05 TOTAL STATIONS: 04R RENAL NETWORK: 11 PHONE:(313)881-2810
ST CLAIR RERAL CERTER CORP 22151 MOROSS RD SUITE 005 DETROIT, MI 48235 PROVIDER NO: 232SD3	FACILITY TYPE: DIALYRIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 041N7R OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:	HCFA REGION: 05 TOTAL STATIONS: 01R RENAL NETWORK: 11 PHONE:(313)343-8RRR
DREENFIELD HEALTH SYSTEMS CORP-ESRD 2799 W DRARD BLVD DETROIT, MI 48202 PROVIDER NO: 232SD5	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 101TRR OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFERENCE NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 11 PHONE:(313)87R-7ONO
DEACORESS/SAMARITAN RERAL CTR 1D2DI E JEFFERSOR DETROIT, MI 482D7 PROVIDER RO: 235SD3	FACILITY TYPE: DIALYRIR FACILITY-HORP STAFF-ASSISTED: HEMO PENI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 0102D1 OWNERSHIP: NONPROFIT INTERMEDIARY: D0210 CROSR-REFERENCE NO:	HCFA REGION: 05 TOTAL STATIONS: 024 RENAL NETWORK: 11 PHONE:(MIN)824-R450
CHILDRERS HOSP OF MICHIDAN 3901 BEAUBIEN DETROIT, MI 482D1 PROVIDER NO: 233SDD	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PENI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 1DD1R3 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSN-REFEN NO:2R2N26	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(NI3)745-5608
HURLEY MEDICAL CENTER 1 HUNLEY PLAZA FLINT, MI 48502 PROVIDER NO: 23D132	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PENI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 0N0IT7 OWNERSHIP: NONPROFIT INTERMEDIARY: DD210 CROSS-REFEN NO:2N2322	HCFA REGION: 05 TOTAL STATIONS: 043 RENAL NETWORK: 11 PHONE:(513)257-9120
ST MARYS HOSP 2DD JEFFERSOR ST SE DRAND RAPIDS, MI 49503 PROVIDER RO: 23DDS9	FACILITY TYPE: TRANSPLANT/DIALYRIR CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PENI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: D9DI77 OWNERSHIP: NONPROFIT INTERMEDIARY: 50250 CROSS-REFEN NO:252812	HCFA REGION: 05 TOTAL STATIONS: 055 RENAL NETWORK: 11 PHONE:(5I5)774-5250
DETROIT OSTEO HOSP 12523 3RD AVE HIGHLAND PARK, MI 48203 PROVIDER NO: 23DI5D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D9DI77 OWNERSHIP: NONPROFIT INTERMEDIARY: C021D CROSS-REFEN NO:252N24	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(313)252-4220

STATE-MICHIGAN CONTINUED

SA MEDICAL CENTER [illegible]
SAGINAW STREET [illegible]
IRON MOUNTAIN, MI 49801
PROVIDER NO: 230059

FACILITY TYPE: RIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 03DS82
OWNERSHIP: SOSPROFIT
INTERMEDIARY: DD1RD
CROSS-REFER SO:232331

HCFA REGION: 05
TOTAL STATIONS: DDS
RENAL NETWORK: 11
PHONE: (RD6)774-3300

COMMUNITY DIALYSIS RVCR OF JACKSON
2SDOR EAST [illegible]
JACKSON, MI 49301
PROVIDER NO: 2R3S04

FACILITY TYPE: DIALYSIS FACILITY [illegible]
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: PESI CAPD AP

DATE APPROVED: 12178D
OWNERSHIP: PROFIT
INTERMEDIARY: OD21D
CROSS-REFER SO:

HCFA REGION: D5
TOTAL STATIONS: D07
RENAL NETWORK: 11
PHONE: (517)788-8727

BRONSON METHODIST HOSPITAL
253 PART LOVELL STREET [illegible]
KALAMAZOO, MI 430D7
PROVIDER NO: 230017

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PESI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: DRD177
OWNERSHIP: SOSPROFIT
INTERMEDIARY: DO21D
CROSS-REFER SO:232303

HCFA REGION: D5
TOTAL STATIONS: O1D
RENAL NETWORK: 11
PHONE: (615)341-5405

BOSDESS MED CTR
1521 OULL SOAO
KALAMAZOO, MI 4R00E
PROVIDER NO: 2SOI1T

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: DRD177
OWNERSHIP: RO&PROFIT
INTERMEDIARY: DD21D
CROSS-REFER SO:232310

HCFA REGION: D5
TOTAL STATIONS: D19
RENAL NETWORK: 11
PHONE: (616)383-4625

EDWARD W MPASSON HOSPAL
1215 E MICHIGAN AVENUE
LANSING, MI 48911
PROVIDER NO: 230730

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: D1D183
OWNERSHIP: SOMPROFIT
INTERMEDIARY: DD210
CROSS-REFER SO:232327

HCFA REGION: D5
TOTAL STATIONS: 02D
RENAL NETWORK: 11
PHONE: (517)483-2834

RI MARY HOSPITAL
33475 FIVE MILE ROAD
LIVONIA, MI 48154
PROVIDER NO: 2R0007

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PESI
SELF-CARE:
TRAINING: HEMO PESI CAPD

DATE APPROVED: D3D177
OWNERSHIP: SOSPROFIT
INTERMEDIARY: OD210
CROSS-REFER SO:232301

HCFA REGION: D5
TOTAL STATIONS: 007
RENAL NETWORK: 11
PHONE: (313)464-40DD

BIO-MEDICAL APPLICATIONS OF LIVONIA
32420 SCHOOLCRAFT RD
LIVONIA, MI 48150
PROVIDER NO: 232501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: DRD177
OWNERSHIP: PROFIT
INTERMEDIARY: OD21D
CROSS-REFER RO:

HCFA REGION: D5
TOTAL STATIONS: 015
RENAL NETWORK: 11
PHONE: (313)525-D78D

MARQUETTE DIALSAL HOSPITAL
420 W MADAILLC ST
MARQUETTE, MI 49855
PROVIDER NO: 230054

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PESI
SELF-CARE: HEMO
TRAINING: HEMO PESI CAPD

DATE APPROVED: D9D177
OWNERSHIP: SOSPSOFIT
INTERMEDIARY: OD21D
CROSS-REFER SO:232330

HCFA REGION: D5
TOTAL STATIONS: 009
RENAL NETWORK: 11
PHONE: (906)225-3266

DRAYTON COMMUNITY HOSPITAL SATELLITE
4005 ORCHARD DRIVE
MIDLAND, MI 48640
PROVIDER NO: 233505

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D92788
OWNERSHIP: SOSPROFIT
INTERMEDIARY: OD21D
CROSS-REFER SO:

HCFA REGION: 07
TOTAL STATIONS: DD3
RENAL NETWORK: II
PHONE: (517)839-3619

MOUAT CLEMENS DIALSAL HOSPITAL
1000 MASSACHUSETTS BLVD
MOUNT CLEMENS, MI 48043
PROVIDER NO: 230027

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: CAPD

DATE APPROVED: D9D177
OWNERSHIP: SOSPROFIT
INTERMEDIARY: OD21D
CROSS-REFER SO:232332

HCFA REGION: D5
TOTAL STATIONS: 005
RENAL NETWORK: 11
PHONE: (313)466-828D

MERCY HOSPITAL
1500 E SHERMAN BOULEVARD
MUSKEGON, MI 49443
PROVIDER NO: 230004

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PESI
SELF-CARE:
TRAINING: HEMO PESI CAPD CCPD

DATE APPROVED: D9D177
OWNERSHIP: NORPROFIT
INTERMEDIARY: 50230
CROSS-REFER SO:2323D2

HCFA REGION: 05
TOTAL STATIONS: D14
RENAL NETWORK: 11
PHONE: (616)739-9341

NORTHERN MICHIGAN HOSPITALS INC. 416 CONNABLE PETOSKY, MI 49770 PROVIDER NO: 230105	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232315	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 11 PHONE:(616)348-4648
NORTH OAKLAND DIALYSIS FACILITY 461 W HURON ST PONTIAC, MI 48053 PROVIDER NO: 232511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 101480 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(313)335-2230
ST CLAIR RENAL CENTER 2603 ELECTRIC, SUITE E PORT HURON, MI 48060 PROVIDER NO: 232509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112805 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(313)982-5310
WILLIAM BEAUMONT HOSPITAL 3601 W 13 MILE ROAD ROYAL OAK, MI 48072 PROVIDER NO: 230130	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232521	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 11 PHONE:(313)551-1045
SAGINAW GENERAL HOSPITAL 1447 N HARRISON STREET SAGINAW, MI 48602 PROVIDER NO: 230122	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232319	HCFA REGION: 05 TOTAL STATIONS: 021 RENAL NETWORK: 11 PHONE:(517)771-4022
NORTHERN MICHIGAN HOSP-ESRD UNIT 105 S MADISON TRAVERSE CITY, MI 49684 PROVIDER NO: 233504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(616)947-2625
WILLIAM BEAUMONT HOSPITAL 4499 DEQUINDRE TROY, MI 48098 PROVIDER NO: 230269	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232335	HCFA REGION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(313)828-5420
GREENFIELD HEALTH SYSTEMS CORP 2849 CATTERMOLE DRIVE TROY, MI 48084 PROVIDER NO: 232506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 101783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(313)689-5200
WESTLAND MEDICAL CENTER 2345 MERRIMAN RD WESTLAND, MI 48185 PROVIDER NO: 232510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 092906 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(313)467-2744
WASHTENAW REGIONAL DIALYSIS CENTER 5205 EAST HURON RIVER DRIVE YPSILANTI, MI 48197 PROVIDER NO: 232502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060578 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 11 PHONE:(313)434-4680

STATE-MINNESOTA

RAEVE HEALTH CARE ASSOC
404 FOUNTAIN STREET
ALBERT LEA, MN 56007
PROVIDER NO: 640048

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242304

HCFA REGION: 05
TOTAL STATIONS: 004
RENAL NETWORK: 11
PHONE:(507)373-2384

DOUGLAS CO HOSP-RROP
111 17TH AVE E
ALEXANDRIA, MN 56308
PROVIDER NO: 243508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 011488
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 004
RENAL NETWORK: 11
PHONE:(612)347-5823

ARDEN HILLS UNIT-RROP
8900 N. WOODS,SUITE 110
ARDEN HILLS, MN 55110
PROVIDER NO: 243508

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 052088
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 11
PHONE:(612)347-5823

BURNSVILLE UNIT-RROP
NOR E NICOLLET BLVD, SUITE NNN
BURNSVILLE, MN 55337
PROVIDER NO: 243503

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 112487
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 11
PHONE:(612)347-5823

COON RAPID UNIT-RROP
NN60 COON RAPIDS BLVD,SUITE 308
COON RAPIDS, MN 55433
PROVIDER NO: 243502

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 012584
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 11
PHONE:(612)347-5823

MILLER-DWAN MEDICAL CENTER
502 E 3RD ST
DULUTH, MN 55805
PROVIDER NO: 240018

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242302

HCFA REGION: 05
TOTAL STATIONS: 020
RENAL NETWORK: 11
PHONE:(218)727-8762

LAKE REGION HOSPITAL
110 NO CASCADE
FERGUS FALLS, MN 56537
PROVIDER NO: 240056

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242307

HCFA REGION: 05
TOTAL STATIONS: 005
RENAL NETWORK: 11
PHONE:(218)736-5475

MESABI REGIONAL MEDICAL CENTER
750 E 34TH ST
HIBBING, MN 55746
PROVIDER NO: 240040

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242303

HCFA REGION: 05
TOTAL STATIONS: 007
RENAL NETWORK: 11
PHONE:(218)262-4881

ST GABRIELS HOSPITAL
815 2ND ST NE
LITTLE FALLS, MN 56345
PROVIDER NO: 240019

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242301

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 11
PHONE:(612)632-5441

IMMANUEL-ST JOSEPHS HOSPITAL
500 GARVIN BLVD
MANKATO, MN 56001
PROVIDER NO: 240008

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 042081
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242313

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL NETWORK: 11
PHONE:(507)345-2666

REGIONAL KIDNEY DISEASE PROGRAM
701 PARK AVE
MINNEAPOLIS, MN 55415
PROVIDER NO: 240004

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00220
CROSS-REFER NO:242300

HCFA REGION: 05
TOTAL STATIONS: 046
RENAL NETWORK: 11
PHONE:(612)347-5823

UNIVERSITY OF MINNESOTA HOSPITAL 420 DELAWARE ST S.E. MINNEAPOLIS, MN 55455 PROVIDER NO: 240049	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 090777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242308	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: II PHONE:(612)626-5533
METROPOLITAN MEDICAL CENTER 900 S 8TH ST MINNEAPOLIS, MN 55404 PROVIDER NO: 240198	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080888 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS REFER NO:242312	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: II PHONE:(612)347-8023
ABBOTT-NW HOSPITAL ESRD UNIT 800 EAST 28TH ST MINNEAPOLIS, MN 55407 PROVIDER NO: 240057	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050857 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: II PHONE:(612)863-4750
KANABEC HOSP-RKDP 300 CLARK ST MORA, MN 55051 PROVIDER NO: 243504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102087 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: II PHONE:(612)347-5023
ROCHESTER METHODIST HOSP 201 W CENTER ST ROCHESTER, MN 55901 PROVIDER NO: 240081	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFIN NO:242308	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: II PHONE:(507)285-7356
MAYO ARTIFICIAL KIDNEY CENTER 200 FIRST ST SW ROCHESTER, MN 55905 PROVIDER NO: 242500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090777 OWNERSHIP: NONPROFIT INTERMEDIARY: 50240 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: II PHONE:(507)284-4400
METHODIST HOSPITAL 6500 EXCELSIOR BLVD SAINT LOUIS PARK, MN 55426 PROVIDER NO: 240053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242305	HCFA REGION: 05 TOTAL STATIONS: 025 RENAL NETWORK: II PHONE:(612)932-5000
ST PAUL-RAMSEY HOSP 640 JACKSON STREET SAINT PAUL, MN 55101 PROVIDER NO: 240106	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242311	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: II PHONE:(612)221-5520
ST CLOUD KIDNEY DIALYSIS CENTER 1406 SIXTH AVE NORTH ST CLOUD, MN 56301 PROVIDER NO: 240038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242316	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: II PHONE:(612)251-2700
ST PAUL UNIT-RKDP 555 PARK ST #180 ST PAUL, MN 55103 PROVIDER NO: 243501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 073001 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFIN NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: II PHONE:(612)347-5023
RICE MEM HOSP 301 BECKER AVE SW WILLMAR, MN 56201 PROVIDER NO: 240088	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242310	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: II PHONE:(612)235-4543

COMMUNITY MEMORIAL HOSP (ESND) 855 MANKATO AVENUE WINONA, MN 55987 PROVIDER NO: 240044	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 09DI77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242305	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(507)454-3650
WORTHINGTON REGIONAL HOSP ESND 1019 SIXTH AVE WORTHINGTON, MN 56187 PROVIDER NO: 240022	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 08JD84 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242314	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(507)372-2941

KIDNEY CARE INC
511 N CHURCH ST, P.O. BOX 1352
PHILADELPHIA, MS 39350
PROVIDER NO: 252506
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 111378
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 08
PHONE: (601)656-4720

KIDNEY CARE INC
620 E. PEACE ST
CANTON, MS 39046
PROVIDER NO: 252521
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 012387
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 005
RENAL NETWORK: 08
PHONE: (601)859-1005

BMA OF CANTON
1150 E. PEACE ST.TOWER PLAZA #5
CANTON, MS 39046
PROVIDER NO: 252522
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 032387
OWNERSHIP: PROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 08
PHONE: (601)981-9552

KIDNEY CARE INC
526 THIRD ST
CLARKSDALE, MS 38614
PROVIDER NO: 252507
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 050178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 011
RENAL NETWORK: 08
PHONE: (601)627-4786

COLUMBIA DIALYSIS UNIT
RT 2 BOX 52
COLUMBIA, MS 39429
PROVIDER NO: 252523
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 010588
OWNERSHIP: PROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (601)731-1231

KIDNEY CARE INC
2104 5TH ST N SUITE 3
COLUMBUS, MS 39701
PROVIDER NO: 252508
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 082578
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 08
PHONE: (601)327-8200

NORTH MS DIALYSIS SERVICE
810 ALCORN DR
CORINTH, MS 38834
PROVIDER NO: 252518
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 020288
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 005
RENAL NETWORK: 08
PHONE: (601)287-8577

KIDNEY CARE INC GREENVILLE
1317 RAILROAD AVENUE
GREENVILLE, MS 38701
PROVIDER NO: 252503
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 082178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 027
RENAL NETWORK: 08
PHONE: (601)378-2454

KIDNEY CARE INC GREENWOOD
609 TALLAHATCHIE ST-P.O. BOX 1551
GREENWOOD, MS 38930
PROVIDER NO: 252514
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 112252
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFIN NO:
HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 08
PHONE: (601)453-5208

CAPT JAMES HILL ESRD UNIT
450D 13TH ST-P.O. BOX 1810
GULFPORT, MS 39501
PROVIDER NO: 250019
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 010581
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00250
CROSS-REFER NO:252307
HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 08
PHONE: (601)863-1441

HATTIESBURG CLINIC ESRD
2601 MAMIE ST, SUITE 102
HATTIESBURG, MS 39401
PROVIDER NO: 252502
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD
DATE APPROVED: 090178
OWNERSHIP: PROFIT
INTERMEDIARY: 00250
CROSS REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 021
RENAL NETWORK: 08
PHONE: (601)264-3206

STATE-MISSISSIPPI CONTINUED

UNIVERSITY MEDICAL DIALYSIS UNIT
2500 N STATE ST
JACKSON, MS 39216
PROVIDER NO: 260001

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:2S2300

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 08
PHONE:(601)987-4800

KIDNEY CARE INC
5804 N. STATE ST, BOX 4740
JACKSON, MS 39216
PROVIDER NO: 252501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 031
RENAL NETWORK: 08
PHONE:(601)987-1001

CENTRAL DIALYSIS UNIT INC
501 MEDICAL DR
JACKSON, MS 39216
PROVIDER NO: 252505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 120777
OWNERSHIP: PROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 024
RENAL NETWORK: 08
PHONE:(601)981-9652

CENTRAL DIALYSIS OF SW JACKSON
INTR HOSPITAL DR
JACKSON, MS 39207
PROVIDER NO: 252524

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 022480
OWNERSHIP: PROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 08
PHONE:(601)981-9652

LAUREL RENAL DIALYSIS CENTER
459 S 15TH AV
LAUREL, MS 39440
PROVIDER NO: 259510

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 041281
OWNERSHIP: PROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 016
RENAL NETWORK: 08
PHONE:(601)425-1053

KIDNEY CARE INC
1512 20TH AVE
MERIDIAN, MS 39301
PROVIDER NO: 259504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 08
PHONE:(601)483-0606

KIDNEY CARE INC NATCHEZ
PO BOX 8094 BIT HIGHLAND BLVD
NATCHEZ, MS 39190
PROVIDER NO: 252518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 112982
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE:(601)446-9060

OCEAN SPRINGS DIALYSIS CENTER
94 MARKS BLVD
OCEAN SPRINGS, MS 39564
PROVIDER NO: 250518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 110182
OWNERSHIP: PROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 005
RENAL NETWORK: 08
PHONE:(601)872-1199

NORTH MS DIALYSIS SERVICES
1907 BELK ST
OXFORD, MS 38655
PROVIDER NO: 259511

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 030182
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE:(601)234-3412

SINGING RIVER DIALYSIS CENTER
9712 CRISTWELL
PASCAGOULA, MS 39567
PROVIDER NO: 252518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO CAPD

DATE APPROVED: 110182
OWNERSHIP: PROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE:(601)938-5307

KIDNEY CARE INC
ROUTE 7,BOX R-30
PHILADELPHIA, MS 39350
PROVIDER NO: 252520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060883
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00230
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE:(601)656-2211

PEARL RIVER RENAL DIALYSIS CENTER 139 KINKWOOD ST PICAYUNE, MS 39466 PROVIDER NO: 252517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020983 OWNERSHIP: PROFIT INTERMEDIARY: 00230 CHORS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 08 PHONE: (601)284-6000
NORTH MISSISSIPPI DIALYSIS SERVICES IN 830 S. OLDSTER TUPELO, MS 38801 PROVIDER NO: 252513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 010183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CHORS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE: (601)844-7333
KIDNEY CARE VICKSBURG 500 GROVE ST, BOX 1395 VICKSBURG, MS 39180 PROVIDER NO: 252509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 102780 OWNERSHIP: NONPROFIT INTERMEDIARY: 00230 CHORS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 08 PHONE: (601)834-8470

STATE-MISSOURI

BLUE SPRINGS DIALYSIS CENTER 205 WEST R.D. MIZE RD #30R BLUE SPRINGS, MO 64014 PROVIDER NO: 262511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 040483 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE: (816)229-6600
ST LOUIS REGIONAL DIALYSIS CTR 3434 BROOKLAND DR BRIDGETON, MO 63044 PROVIDER NO: 2A2507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 041381 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 12 PHONE: (314)739-7939
DEPAUL HEALTH CENTER 12303 DEPAUL DRIVE BRIDGETON, MO 63044 PROVIDER NO: 260104	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 111087 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO: 262322	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE: (314)344-6000
ST MISSOURI REGIONAL DIALYSIS CTR RT #3 - BOX 313 CAPE GIRARDEAU, MO 63701 PROVIDER NO: 262518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 101485 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE: (314)334-9400
ST LUKES HOSPITAL-WEST 232 S WOODS MILL RD CHESTERFIELD, MO 63017 PROVIDER NO: 2A0173	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 010186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO: 262321	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE: (314)434-1500
UNIV OF MISSOURI HOSP AND CLINICS ONE HOSPITAL DR COLUMBIA, MO 65212 PROVIDER NO: 2A0141	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 063077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO: 262314	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE: (314)882-5814
DIALYSIS CLINIC INC 1000 EAST WALNUT COLUMBIA, MO 65201 PROVIDER NO: 23350A	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 070979 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 12 PHONE: (314)443-1531
AFFILIATED HOSPITAL DIALYSIS 1003 EXECUTIVE PARKWAY SUITE 100 CHEVY CHUN, MO 63141 PROVIDER NO: 2A2508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 024 RENAL NETWORK: 12 PHONE: (314)434-4770
ST JOHN'S MERCY MED CTR 615 NEW BALLAS RD SOUTH CHEVI CHJUN, MO 63141 PROVIDER NO: 260020	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 022385 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO: 262319	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 12 PHONE: (314)569-6000
FARMINGTON REGIONAL MEDICAL CENTER 1101 W LIBERTY ST FARMINGTON, MO 63640 PROVIDER NO: 2301A3	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121787 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO: 262325	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE: (314)756-6451
DIALYSIS CLINIC INC 100 ST MARY'S PLAZA JEFFERSON CITY, MO 65101 PROVIDER NO: 262513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 050184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE: (314)635-8911

ST JOHNS HOSP
2727 MCCLELLAND BLVD
JOPLIN, MO 64804
PROVIDER NO: 260001

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 070184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 52NO
CROSS-REFER NO: 2N2300

HCFA REGION: 07
TOTAL STATIONS: 000
RENAL NETWORK: 12
PHONE: (417)781-2727

FOUR STATE REGIONAL DIALYSIS CENTER
1800 W. 30TH
JOPLIN, MO 64804
PROVIDER NO: 262514

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 070184
OWNERSHIP: PROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 010
RENAL NETWORK: 12
PHONE: (800)492-8522

RESEARCH HOSP & MEDICAL CENTER
2316 E MEYER BLVD
KANSAS CITY, MO 64132
PROVIDER NO: 260027

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 040184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO: 262304

HCFA REGION: 07
TOTAL STATIONS: 006
RENAL NETWORK: 12
PHONE: (816)276-4229

ST LUKES HOSPITAL
WORNALL RD & 44TH ST
KANSAS CITY, MO 64111
PROVIDER NO: 260138

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090377
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO: 2N2313

HCFA REGION: 07
TOTAL STATIONS: 020
RENAL NETWORK: 12
PHONE: (816)932-2000

KANSAS CITY DIALYSIS AND TRANSPLANT
1734 E 63RD, SUITE 300
KANSAS CITY, MO 64110
PROVIDER NO: 262501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 082077
OWNERSHIP: PROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 020
RENAL NETWORK: 12
PHONE: (816)444-2000

DIALYSIS CLINIC INC
1010 CARONDELET, SUITE 10
KANSAS CITY, MO 64114
PROVIDER NO: 262517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 062486
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 008
RENAL NETWORK: 12
PHONE: (816)941-0888

THE CHILDREN'S MERCY HOSPITAL
24TH AT GILLHAM RD
KANSAS CITY, MO 64108
PROVIDER NO: 263302

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED:
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 070185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 000
RENAL NETWORK: 12
PHONE: (816)234-3100

TWIN RIVERS REGIONAL MEDICAL CENTER
1301 FIRST STREET
KENNETT, MO 63857
PROVIDER NO: 260015

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 102287
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 003
RENAL NETWORK: 12
PHONE: (314)888-4822

DIALYSIS CLINICS INC
304 SOUTH FRANKLIN
KIRKSVILLE, MO 63501
PROVIDER NO: 262505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 081379
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 007
RENAL NETWORK: 12
PHONE: (816)665-8872

DIALYSIS CLINICS INC
520 EAST MONROE, AUDRAIN MED CTR
MEXICO, MO 65265
PROVIDER NO: 262515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 082485
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 005
RENAL NETWORK: 12
PHONE: (314)581-2630

COMM DIALYSIS SERV OF NORTHLAND
2709 HOSPITAL DR
N KANSAS CITY, MO 64116
PROVIDER NO: 262504

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 071378
OWNERSHIP: PROFIT
INTERMEDIARY: 00241
CROSS-REFER NO:

HCFA REGION: 07
TOTAL STATIONS: 013
RENAL NETWORK: 12
PHONE: (816)842-2056

BARNES HOSP BARNES HOSPITAL PLAZA SAINT LOUIS, MO 63110 PROVIDER NO: 26DD14	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D82680 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:2623D2	HCFA REGION: 07 TOTAL STATIONS: DD6 RENAL NETWORK: 12 PHONE:(314)454-2000
OLACDERMA HOSP 6160 OAKLAND AVE SAINT LOUIS, MO 63136 PROVIDER NO: 260021	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 07D877 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:2623D3	HCFA REGION: 07 TOTAL STATIONS: D16 RENAL NETWORK: 12 PHONE:(314)T68-3D11
JEWISH HOSP OF ST LOUIS 216 N KINGSHIGHWAY SAINT LOUIS, MO 63110 PROVIDER NO: 26DDN2	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: D629TT OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:2623DS	HCFA REGION: 07 TOTAL STATIONS: DD7 RENAL NETWORK: 12 PHONE:(314)454-T41D
ST LOUIS UNIVERSITY HOSPN 1325 N GRAND BLVD SAINT LOUIS, MO 63104 PROVIDER NO: 26D105	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: DT2384 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:26231D	HCFA REGION: 07 TOTAL STATIONS: DD4 RENAL NETWORK: 12 PHONE:(314)STT-8DDD
RENAL DIALYSIS INC OF ST LOUIN 1320 N GRAND AVE SAINT LOUIN, MO 63104 PROVIDER NO: 262NDN	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: D613TT OWNERSHIP: PROFIT INTERMEDIARY: DD241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: D2T RENAL NETWORK: 12 PHONE:(314)771-SO14
SALEM MEM DISTRICT HOSP HWY 72 N PO BOX 774 SALEM, MO 65560 PROVIDER NO: 260LT2	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D624T7 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:26231S	HCFA REGION: 07 TOTAL STATIONS: DD7 RENAL NETWORK: 12 PHONE:(314)T29-6626
DIALYSIN CLINIC INC 1727 W16T 11H HY SIDALIA, MO 65501 PROVIDER NO: 262N1S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: D9D384 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: DD8 RENAL NETWORK: 12 PHONE:(815)826-D5N6
MISSOURI DELTA COMM HOSP 1008 N MAIN SIKESTON, MO 63801 PROVIDER NO: 260118	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: D83D77 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:262311	HCFA REGION: 07 TOTAL STATIONS: D1D RENAL NETWORK: 12 PHONE:(314)4T1-16DD
COX MEDICAL CTR 1422 N JEFFERSON ST SPRINGFIELD, MO 65802 PROVIDER NO: 260D40	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PENI SELF-CARE: TRAINING: HEMO PENI CAPD CCPD	DATE APPROVED: DT1877 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:2623D6	HCFA REGION: 07 TOTAL STATIONS: D2S RENAL NETWORK: 12 PHONE:(41T)836-3DDD
HIARYLAND HOSPITAL WEST 802 EDMOND ST JOSEPH, MO 64501 PROVIDER NO: 260006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SILF-CARE: TRAINING: HEMO	DATE APPROVED: 12D3T9 OWNERSHIP: NONPROFIT INTERMEDIARY: DD241 CROSS-REFER NO:262316	HCFA REGION: 07 TOTAL STATIONS: D08 RENAL NETWORK: 12 PHONE:(816)2T1-T807
VA HOSP 915 N GRAND ST LOUIS, MO 63106 PROVIDER NO: 26006F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: DT18T7 OWNERSHIP: NONPROFIT INTERMEDIARY: DD19D CROSS-REFER NO:2623D7	HCFA REGION: 07 TOTAL STATIONS: D13 RENAL NETWORK: 12 PHONE:(314)6S2-4100

STATE=MISSOURI CONTINUED

CHRISTIAN HOSPITAL NORTHEAST 11133 DUNN RD ST LOUIS, MO 63136 PROVIDER NO: 260180	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 012884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:12R2910	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(314)355-2300
CHROMALLOY AMERICAN KIDNEY CENTER 4949 BARNES HOSPITAL PLAZA ST LOUIS, MO 63110 PROVIDER NO: 262502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 071377 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 12 PHONE:(314)362-7205
METRO NORTH DIALYSIS CTR INC 2870 NETHERTON RD ST LOUIS, MO 63136 PROVIDER NO: 262509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 111381 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(314)355-7455
CHROMALLOY AMERICAN/ST ANTHONY'S FAC 11016 KENNERLY RD ST LOUIS, MO 63128 PROVIDER NO: 262512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(314)849-5454
CARDINAL GLENNON MEM HOSP 1465 S GRAND BLVD ST LOUIS, MO 63104 PROVIDER NO: 263300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 030185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(314)577-5617
ST LOUIS CHILDREN'S HOSP 400 S KINGSHIGHWAY BLVD ST LOUIS, MO 63110 PROVIDER NO: 263301	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 010184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROWN-REFER NO:2R2R08	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 12 PHONE:(314)454-6065
DEACONESS SOUTH DIALYSIS CTR 4145 UNION RD ST LOUIS, MO 63129 PROVIDER NO: 263500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 015 RENAL NETWORK: 12 PHONE:(314)994-1051
ST LOUIS REGIONAL MEDICAL CTR 5535 DELMAR BLVD ST LOUIS, MO 63112 PROVIDER NO: 260008	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROWN-REFER NO:262R12	HCFA REGION: 07 TOTAL STATIONS: 015 RENAL NETWORK: 12 PHONE:(314)362-4977
COMMUNITY DIALYSIS CENTERS OF ST LOUIS 6665 DELMAR BLVD, SUITE 100 ST LOUIS, MO 63130 PROVIDER NO: 262519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080486 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(314)725-8330
ST CHARLES CO DIALYSIS CTR INC 318 MID RIVERS MALL DRIVE ST PETERS, MO 63376 PROVIDER NO: 262521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 050588 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(314)279-2600
DIALYSIS CLINICS INC 1115 ALASKA AVE, DOCTORS PAVILLION WEST PLAINS, MO 65775 PROVIDER NO: 262520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 010888 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(314)448-1521

STATE-MONTANA

NORTHERN ROCKIES KIDNEY CTR. 2N1N 8TH AVE N HILLINON, MT 59101 PROVIDER NO: 270004	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272301	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 16 PHONE:(406)657-4000
COLUMBUS HOSP 500 15TH AVE SOUTH GREAT FALLS, MT 59405 PROVIDER NO: 270018	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HOME PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272302	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 16 PHONE:(406)727-3333
ST PETERS COMM HOSP 2475 BROADWAY HELENA, MT 59601 PROVIDER NO: 270008	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HOME CAPD CCPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272400	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 16 PHONE:(406)442-2480
ST PATRICK HOSPITAL 500 WEST BROADWAY MISSOULA, MT 59806 PROVIDER NO: 270014	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HOME PERI CAPD	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:272400	HCFA REGION: 08 TOTAL STATIONS: 014 RENAL NETWORK: 16 PHONE:(406)543-7271
FORT PECK TRIBAL DIALYSIS UNIT P.O. BOX 764 POPLAR, MT 59255 PROVIDER NO: 272500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00250 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 16 PHONE:(406)768-5301

STATE=NEBRASKA

MEMORIAL HOSPITAL 1423 7TH ST AURORA, NE 68818 PROVIDER NO: 280074	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CANE: TRAINING: HEMO	DATE APPROVED: 0N117N OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:12W2307	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(402)884-8171
GOOD SAMARITAN HOSP 31ST AND CENTRAL AVE KEARNEY, NE 68847 PROVIDER NO: 280009	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 0S1N77 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:282500	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(308)234-7570
BRYAN MEMORIAL HOSPITAL 4848 SUMNER ST LINCOLN, NE 68506 PROVIDER NO: 280003	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 0S14N7 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(402)488-0200
ST ELIZABETH COMM HEALTH CENTER 6940 VAN DORN ST, SUITE 101 LINCOLN, NE 68510 PROVIDER NO: 280020	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 0S14B7 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282302	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(402)486-7485
DIALYSIS CENTER OF LINCOLN INC 6940 VAN DORN; SUITE 101 LINCOLN, NE 68506 PROVIDER NO: 282500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 101487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(402)489-5330
LUTHERAN COMM HOSP 2700 NORFOLK AVE NORFOLK, NE 68701 PROVIDER NO: 280034	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 0S1377 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:282N04	HCFA REGION: 07 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(402)371-4480
GREAT PLAINS REGIONAL MED CTR 601 WEST LEOTA STREET NORTH PLATTE, NE 69101 PROVIDER NO: 280065	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 0N0N78 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:282308	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(308)534-8310
ST JOSEPH HOSP 601 N 30TH ST OMAHA, NE 68131 PROVIDER NO: 280030	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 0N2104 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282305	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 12 PHONE:(402)449-4460
BISHOP CLARKSON MEM HOSP DEWEY AVE AT 44TH ST OMAHA, NE 68105 PROVIDER NO: 280088	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071N77 OWNERSHIP: NONPROFIT INTERMEDIARY: 52280 CROSS-REFER NO:282308	HCFA REGION: 07 TOTAL STATIONS: 023 RENAL NETWORK: 12 PHONE:(402)558-3700
WEST NEBRASKA DEN HOSP 4021 AVE B SCOTTSBLUFF, NE 69361 PROVIDER NO: 280061	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 060177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:282306	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(308)632-0532

STATE-NEVADA

UNIV MED CTR OF SOUTHERN NEVADA	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 0R0877	HCFA REGION: 09
2020 WEST CHARLESTON BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: RORPROFIT	TOTAL STATIONS: 026
LAS VEGAS, NV 89102	SELF-CARE: HEMO PERI	INTERMEDIARY: 51250	RENAL NETWORK: 15
PROVIDER NO: 2R0007	TRAINING: CAPD	CROSS-REFER NO:292502	PHONE:(702)383-2525
RENAL DIALYSIS CTR OF LAS VEGAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 0507R3	HCFA REGION: 09
1750 E. DESERT INN RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LAS VEGAS, NV 89109	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 15
PROVIDER NO: 292000	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(702)735-5477
DIALYSIS SYSTEMS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010185	HCFA REGION: 09
500 S RANCH 010	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 001
LAS VEGAS, NV 89106	SELF-CARE:	INTERMEDIARY: 51290	RENAL NETWORK: 15
PROVIDER NO: 292501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(702)870-0908
WASHOE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081177	HCFA REGION: 09
77 PRIROLE WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: RORPROFIT	TOTAL STATIONS: 010
RENO, NV 89520	SELF-CARE:	INTERMEDIARY: 51250	RENAL NETWORK: 15
PROVIDER NO: 2R0001	TRAINING: CAPD	CROSS-REFER NO:252300	PHONE:(702)328-5611

STATE=NEW HAMPSHIRE

DIALYSIS SERVICE OF NH-BMA 2 FISH ROAD CONCORD, NH 03301 PROVIDER NO: 302500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00270 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (603)224-9956
SEACOAST DIALYSIS INC-BMA COCHECO PARK,CHESTNUT ST DOVER, NH 03820 PROVIDER NO: 302501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 111381 OWNERSHIP: PROFIT INTERMEDIARY: 00270 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (603)749-5550
MARY HITCHCOCK MEMORIAL HOSPITAL 2 MAYNARD STREET HANOVER, NH 03755 PROVIDER NO: 300003	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 110380 OWNERSHIP: NONPROFIT INTERMEDIARY: 00270 CROSS-REFER NO: 302301	HCFA REGION: 01 TOTAL STATIONS: 005 RENAL NETWORK: 01 PHONE: (603)646-5000
MANCHESTER KIDNEY CENTER-BMA 7 PERIMETER ST MANCHESTER, NH 03103 PROVIDER NO: 302502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060880 OWNERSHIP: PROFIT INTERMEDIARY: 00270 CROSS-REFER NO:	HCFA REGION: 01 TOTAL STATIONS: 010 RENAL NETWORK: 01 PHONE: (603)647-4042
NASHUA MEMORIAL HOSPITAL 8 PROSPECT STREET NASHUA, NH 03061 PROVIDER NO: 300020	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00270 CROSS-REFER NO: 302300	HCFA REGION: 01 TOTAL STATIONS: 006 RENAL NETWORK: 01 PHONE: (603)883-5521

STATE=NEW JERSEY

RAIDGETON HOSPITAL-RENAL UNIT
INVING A BARNHEIM AVE
RAIDGETON, NJ 08502
PROVIDER NO: S20088

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 112388
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:S12320

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE:(609)453-0535

OUR LADY OF LOURDES MED CTR
1600 HADDON AVENUE
CAMDEN, NJ 08105
PROVIDER NO: N1002N

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:S12505

HCFA REGION: 02
TOTAL STATIONS: 022
RENAL NETWORK: 03
PHONE:(609)757-3700

EAST ORANGE GENERAL HOSP
500 CENTRAL AVE
EAST ORANGE, NJ 07018
PROVIDER NO: 310085

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:S12314

HCFA REGION: 02
TOTAL STATIONS: 017
RENAL NETWORK: 05
PHONE:(201)672-8400

OMA-EAST ORANGE
81 CENTRAL AVE
EAST ORANGE, NJ 07018
PROVIDER NO: S12505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 091577
OWNERSHIP: PROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 014
RENAL NETWORK: 03
PHONE:(201)673-6000

ALEXIAN BROTHERS HOSPITAL
555 EAST JERSEY ST
ELIZABETH, NJ 07206
PROVIDER NO: 310055

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 021278
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:S12318

HCFA REGION: 02
TOTAL STATIONS: 023
RENAL NETWORK: 05
PHONE:(201)351-9000

ENGLEWOOD HOSP
350 ENGLEWOOD ST
ENGLEWOOD, NJ 07631
PROVIDER NO: 310045

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 050588
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:S12322

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE:(201)894-3000

HACKENSACK HOSP ASSOCIATION
30 PROSPECT AVE
HACKENSACK, NJ 07601
PROVIDER NO: 310001

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53010
CROSS-REFER NO:S12300

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 03
PHONE:(201)441-2440

OMA-HILLSIDE
3109 NY AVE HANWAY AVE
HILLSIDE, NJ 07205
PROVIDER NO: S10000

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 032380
OWNERSHIP: PROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 032
RENAL NETWORK: 05
PHONE:(201)954-8000

RBA-IRVINGTON
INTE SPRINGFIELD AVE
IRVINGTON, NJ 07111
PROVIDER NO: S10501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 03
PHONE:(201)909-5155

JERSEY CITY MEDICAL CENTER
50 BALDWIN AVE
JERSEY CITY, NJ 07304
PROVIDER NO: 310074

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:S12310

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 03
PHONE:(201)915-2287

OMA OF JERSEY CITY
45 JONES ST, P.O. BOX 5508
JERSEY CITY, NJ 07305
PROVIDER NO: S12502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 03
PHONE:(201)659-4025

ST BARNABAS MEDICAL CENTER
OLD SHORT HILLS RD
LIVINGSTON, NJ 07039
PROVIDER NO: 310075

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:312312

HCFA REGION: 02
TOTAL STATIONS: 026
RENAL NETWORK: 03
PHONE:(201)533-5945

MONMOUTH MEDICAL CENTER
300 2ND AVE
LONG BRANCH, NJ 07740
PROVIDER NO: 310075

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:312311

HCFA REGION: 02
TOTAL STATIONS: 026
RENAL NETWORK: 03
PHONE:(201)870-5215

MORRISTOWN MEMORIAL HOSP
100 MADISON AVE
MORRISTOWN, NJ 07960
PROVIDER NO: 310015

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312303

HCFA REGION: 02
TOTAL STATIONS: 018
RENAL NETWORK: 03
PHONE:(201)540-5128

JERSEY SHORE MEDICAL CENTER
1945 CORLIES AVE
NEPTUNE, NJ 07753
PROVIDER NO: 310073

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:312306

HCFA REGION: 02
TOTAL STATIONS: 023
RENAL NETWORK: 03
PHONE:(201)776-4272

ROBERT WOOD JOHNSON UNIV HOSP
1 ROBERT W JOHNSON PLACE
NEW BRUNSWICK, NJ 08901
PROVIDER NO: 310038

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 032580
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312317

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 03
PHONE:(201)937-8691

NEWARK BETH ISRAEL MEDICAL CENTER
201 LYONS AVE
NEWARK, NJ 07112
PROVIDER NO: 310002

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312301

HCFA REGION: 02
TOTAL STATIONS: 084
RENAL NETWORK: 05
PHONE:(201)926-7500

ST MICHAELS MEDICAL CENTER
268 MARTIN L. KING BLVD.
NEWARK, NJ 07102
PROVIDER NO: 310095

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312316

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE:(201)877-5358

UNIVERSITY HOSPITAL
100 BERGEN ST
NEWARK, NJ 07107
PROVIDER NO: 310119

FACILITY TYPE: DIALYSIS FACILITY-HOSP
ST..FF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 012078
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:312313

HCFA REGION: 02
TOTAL STATIONS: 009
RENAL NETWORK: 03
PHONE:(201)456-6062

PARKSIDE DIALYSIS CENTER
580 FRELINGHUYSER AVE
NEWARK, NJ 07114
PROVIDER NO: 313500

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 120588
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 018
RENAL NETWORK: 03
PHONE:(201)624-2226

ST JOSEPHS HOSP & MED CTR
703 MAIN ST
PATERSON, NJ 07503
PROVIDER NO: 310019

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312304

HCFA REGION: 02
TOTAL STATIONS: 039
RENAL NETWORK: 03
PHONE:(201)977-2221

CENTRAL JERSEY RENAL DIALYSIS CTR
530 NEW BRUNSWICK AVE
PERTH AMBOY, NJ 08861
PROVIDER NO: 310039

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO:312305

HCFA REGION: 02
TOTAL STATIONS: 025
RENAL NETWORK: 03
PHONE:(201)324-5460

STATE-NEW JERSEY CONTINUED

BMA-PINE BROOK
PO BOX AAO BOOK MOUNTAIN ROAD
PINE BROOK, NJ 07058
PROVIDER NO: S12506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PER1
SELF-CARE: HEMO PER1
TRAINING: HEMO PESI CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 03
PHONE: (201)227-5333

MUHLENBERG CORP
PARK AVE RANDOLPH RD
PLAINFIELD, NJ 07060
PROVIDER NO: S10045

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PER1
SELF-CARE: HEMO PER1
TRAINING: HEMO PER1 CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO: 312308

HCFA REGION: 02
TOTAL STATIONS: 015
RENAL NETWORK: 03
PHONE: (201)550-2465

SHORE MEMORIAL HOSP-RED DIALYSIS UNIT
SHORE RD A NEW YORK AVE
SOMERS POINT, NJ 08244
PROVIDER NO: S10047

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PESI
SELF-CARE: HEMO PER1
TRAINING: HEMO PER1 CAPD CCPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO: 312307

HCFA REGION: 02
TOTAL STATIONS: 033
RENAL NETWORK: 03
PHONE: (609)653-3775

OVERLOOK HOSPITAL
99 BEAUVOIR AVE AT SYLVAN RD
SUMMIT, NJ 07901
PROVIDER NO: S10051

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PER1 CAPD CCPD

DATE APPROVED: 021088
OWNERSHIP: PROFIT
INTERMEDIARY: 53310
CROSS-REFER NO: 312321

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 03
PHONE: (201)522-5327

HOLY NAME HOSP
FIR TEANECK RD
TEANECK, NJ 07666
PROVIDER NO: S10008

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO PER1 CAPD CCPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00280
CROSS-REFER NO: 312302

HCFA REGION: 02
TOTAL STATIONS: 041
RENAL NETWORK: 03
PHONE: (201)833-3000

COMMUNITY MEMORIAL HOSP
988 HWY 57 WEST CR 2002
IOWA RIVER, NJ 08755
PROVIDER NO: S10041

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PER1
SELF-CARE: HEMO PER1
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 081981
OWNERSHIP: NONPROFIT
INTERMEDIARY: 53310
CROSS-REFER NO: 312315

HCFA REGION: 02
TOTAL STATIONS: 015
RENAL NETWORK: 03
PHONE: (201)240-0050

HILERE FULD MEDICAL CENTER
TWO RRUNSWICA AVE
TRENTON, NJ 08638
PSOVIDER NO: S10009

FACILITY TYPE: DIALYSIS CESTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPSOVED: 050177
OWNERSHIP: SONPSOFIT
INTERMEDIASY: 53310
CROSS-REFER NO: 312315

HCFA REGION: 02
TOTAL STATIOSS: 010
RENAL NETWORK: 03
PHONE: (509)394-5000

BMA OF TRENTON INC
40 FULD STREET
TSENTON, NJ 08638
PROVIDES NO: 312504

FACILITY TYPE: DIALYSIS FACILITY
STAIFF-ASSISTED: HEMO
SILF-CARE: HEMO
TRAINING: HEMO

DATE APPSOVED: 050177
OWNERSHIP: PROFIT
INTERMEDIARY: 53310
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RESAL SETWORK: 03
PHOSE: (509)394-5104

GASDEN STATE COMMUNITY DIALYSIS
ST 22 E SALEM INDUSTRIAL PARA
WHITEHORSE, NJ 08885
PROVIDER NO: 312501

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PER1
SELF-CARE: HEMO PERI
TRAINING: HEMO PER1

DATE APPROVED: 051180
OWNERSHIP: PROFIT
INTERMEDIASY: 00280
CROSS-REFES NO:

HCFA REGION: 02
TOTAL STATIONS: 006
RESAL RETWORK: 03
PHONE: (201)534-5575

STATE=NEW MEXICO

UNIV OF NEW MEXICO HOSP 2211 LOMAS BLVD,NE ALBUQUERQUE, NM 87105 PROVIDER NO: 320001	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 080185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:522600	HCFA REGION: 08 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(505)843-2121
LOVELACE MEDICAL CENTER 5400 GIBSON SE ALBUQUERQUE, NM 87108 PROVIDER NO: 320019	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00280 CROSS-REFER NO:522301	HCFA REGION: 08 TOTAL STATIONS: 009 RENAL NETWORK: 15 PHONE:(505)842-7000
PRESBYTERIAN TRANSPLANT CENTER 1100 CENTRAL AVE. SE ALBUQUERQUE, NM 87102 PROVIDER NO: 320021	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 040888 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:522300	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(505)841-1234
VA HOSP 2100 RIDGECREST DR SE ALBUQUERQUE, NM 87108 PROVIDER NO: 32005F	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00180 CROSS-REFER NO:522306	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(505)265-2418
NEW MEXICO ARTIFICIAL KIDNEY CENTER 400 WALTER N E ALBUQUERQUE, NM 87102 PROVIDER NO: 3225D0	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 050177 OWNERSHIP: PROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 15 PHONE:(505)242-2674
ALBUQUERQUE KIDNEY CENTER 11295 LOMAS BLVD NE ALBUQUERQUE, NM 87112 PROVIDER NO: 322504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100881 OWNERSHIP: PROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(505)265-6557
DIALYSIS CLINIC INC 1511 CENTRAL AVE NE ALBUQUERQUE, NM 87106 PROVIDER NO: 322505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050188 OWNERSHIP: NONPROFIT INTERMEDIARY: 00280 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 15 PHONE:(505)243-7870
GUADALUPE MEDICAL CTR 2430 W PIERCE ST CARLSBAD, NM 88220 PROVIDER NO: 320053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111278 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:522307	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 15 PHONE:(505)887-6683
CLOVIS HIGH PLAINS HOSP 2100 N THOMAS CLOVIS, NM 88101 PROVIDER NO: 320022	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:522305	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE:(505)769-2141
FOUR CORNERS DIALYSIS CTR. 557 W MAPLE FARMINGTON, NM 87401 PROVIDER NO: 322503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082079 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(505)325-2027
FT BAYARD DIALYSIS UNIT 1 MAIN, BOX 159 FT BAYARD, NM 88036 PROVIDER NO: 322507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090887 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE:(505)537-3307

STATE-NEW MEXICO CONTINUED

MEMORIAL METHODIST CHRISTIAN HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 085177	HCFA REGION: 06
1801 RIO HONDO DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
GALLUP, NM 87301	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 320008	TRAINING: CAPD	CROSS-REFER NO:322304	PHONE:(505)722-3891
MEMORIAL METHODIST CHRISTIAN HOSP-ZUNI	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 042286	HCFA REGION: 06
1801 RIO HONDO DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
GALLUP, NM 87301	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 320008	TRAINING:	CROSS-REFER NO:	PHONE:(505)782-5685
MOUNTAIN NM REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120881	HCFA REGION: 06
2810 HILLMINE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
LAS CRUCES, NM 88001	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 320500	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(505)525-7547
LAMBING M M MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 070279	HCFA REGION: 06
409 W COUNTRY CLUB RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
ROSWELL, NM 88201	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 320008	TRAINING: CAPD	CROSS-REFER NO:322306	PHONE:(505)622-8170
ACOMA, CANONCITO, LAGUNA DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 042087	HCFA REGION: 06
P.O. BOX 190	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
RAM FIDEL, NM 87034	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 323501	TRAINING:	CROSS-REFER NO:	PHONE:(505)552-6634
BIOMEDICAL APPLICATIONS OF NANTA FE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010978	HCFA REGION: 06
1650 HOSPITAL DR #000	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
NANTA FE, NM 87501	SELF-CARE: HEMO PINI	INTERMEDIARY: 00290	RENAL NETWORK: 15
PROVIDER NO: 320501	TRAINING: HEMO PENI CAPD	CROSS-REFER NO:	PHONE:(505)982-9427

STATE=NEW YORK

ALBANY MEM HOSP
NORTHERN BLVD
ALBANY, NY 12204
PROVIDER NO: 330003

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00900
CROSS-REFER NO:332301

HCFA REGION: 02
TOTAL STATIONS: 007
RENAL NETWORK: 02
PHONE:(518)471-3221

ALBANY MED CTR HOSP
NEW SCOTLAND AV
ALBANY, NY 12208
PROVIDER NO: 330013

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332300

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(518)445-8126

0000 SAMARITAN CHRONIC DIALYSIS CTR
929 SUNRISE HIGHWAY
BAY SHORE, NY 11706
PROVIDER NO: 333504

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 015
RENAL NETWORK: 02
PHONE:(516)665-1000

BAYSIDE DIALYSIS CTR INC
201-10 NORTHERN BLVD
BAYSIDE, NY 11361
PROVIDER NO: 332519

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 102483
OWNERSHIP: PROFIT
INTERMEDIARY: 00500
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE:(718)423-6670

BRONX LEBANON HOSP CTR
1276 FULTON AVENUE
BRONX, NY 10456
PROVIDER NO: 330009

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332304

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(212)588-7000

MONTEFIORE HOSP
111 E 210TH ST
BRONX, NY 10467
PROVIDER NO: 330059

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332514

HCFA REGION: 02
TOTAL STATIONS: 011
RENAL NETWORK: 02
PHONE:(212)920-4141

OUR LADY OF MERCY MED CTR
600 EAST 233RD STREET
BRONX, NY 10466
PROVIDER NO: 330072

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 040177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332314

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 02
PHONE:(212)920-9041

ST BARNABAS HOSPITAL
183RD ST & 3RD AVE
BRONX, NY 10457
PROVIDER NO: 332009

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080781
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332975

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 02
PHONE:(212)960-9000

GUN HILL DIALYSIS CENTER, INC
376 EAST GUN HILL RD
BRONX, NY 10467
PROVIDER NO: 332503

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 02
PHONE:(212)798-8600

BAUMRITTER KIDNEY CENTER
1200 VAN NEST AVE
BRONX, NY 10461
PROVIDER NO: 332505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 012
RENAL NETWORK: 02
PHONE:(212)430-2255

SOUTH BRONX KIDNEY CENTER
1834 WEBSTER AVE
BRONX, NY 10457
PROVIDER NO: 332506

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 025
RENAL NETWORK: 02
PHONE:(212)299-9212

BROOKLYN HOSP
121 DEKALB AVE
BROOKLYN, NY 11201
PROVIDER NO: 330056

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 060177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332612

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(718)403-8150

LONG ISLAND COLLEGE HOSP
340 HENRY ST
BROOKLYN, NY 11201
PROVIDER NO: 330162

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332663

HCFA REGION: 02
TOTAL STATIONS: 028
RENAL NETWORK: 02
PHONE:(718)780-1247

MAIMONIDES MEDICAL CENTER
4802 TENTH AVENUE
BROOKLYN, NY 11219
PROVIDER NO: 330184

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00608
CROSS-REFER NO:332640

HCFA REGION: 02
TOTAL STATIONS: 007
RENAL NETWORK: 02
PHONE:(718)270-7358

COREY ISLAND HOSP
2601 OCEAN PKWY
BROOKLYN, NY 11235
PROVIDER NO: 330165

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 051491
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332674

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(718)513-4000

KINGSBROOK JEWISH MEDICAL CENTER
05 E 48TH ST RUTLAND RD
BROOKLYN, NY 11203
PROVIDER NO: 330201

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332345

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(718)604-5561

KINGS CO HOSP CENTER
451 CLARKSON AVE
BROOKLYN, NY 11203
PROVIDER NO: 330202

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 060177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00608
CROSS-REFER NO:332645

HCFA REGION: 02
TOTAL STATIONS: 016
RENAL NETWORK: 02
PHONE:(718)783-3027

KNICKERBOCKER HOSP MEDICAL CENTER
LIRIOEN BLVD. AT BROOKDALE PLAZA
BROOKLYN, NY 11212
PROVIDER NO: 330256

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332332

HCFA REGION: 02
TOTAL STATIONS: 011
RENAL NETWORK: 02
PHONE:(718)240-5000

LUTHERAN MEDICAL CENTER
150-55TH STREET
BROOKLYN, NY 11220
PROVIDER NO: 330306

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 012583
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00608
CROSS-REFER NO:332380

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(718)630-7800

DOWNSTATE MEDICAL CENTER
445 LENOX RD NDN 56
BROOKLYN, NY 11203
PROVIDER NO: 330350

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332334

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(718)270-2401

TRINITY MEDICAL CENTER
555 PROSPECT PLACE
BROOKLYN, NY 11238
PROVIDER NO: 330667

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 010183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332362

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 02
PHONE:(718)635-7144

NEPHROLOGY FOUNDATION OF BROOKLYN-RD.
342 FLATBUSH AVE
BROOKLYN, NY 11238
PROVIDER NO: 332512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 121276
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE:(718)857-3000

SOUTH BROOKLYN NEPHROLOGY CTR INC. 39-15 AVENUE V BROOKLYN, NY 11234 PROVIDER NO: 332516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072081 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (718)282-8440
BROOKLYN KIDNEY CENTER 184 STERLING PLACE BROOKLYN, NY 11217 PROVIDER NO: 333501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 022 RENAL NETWORK: 02 PHONE: (718)780-4602
NEPHROLOGY FOUNDATION (SOUTH UNIT) 2651 E 14TH ST BROOKLYN, NY 11235 PROVIDER NO: 332522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022384 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (718)332-2500
BROOKLYN HOME DIALYSIS TRAINING CTR 3121 KINGS HIGHWAY BROOKLYN, NY 11234 PROVIDER NO: 332533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 052586 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 02 PHONE: (718)692-0097
NEPHRO CARE INC 555 PROSPECT PLACE BROOKLYN, NY 11238 PROVIDER NO: 332534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 011185 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 026 RENAL NETWORK: 02 PHONE: (718)935-7145
NEPHROLOGY FOUNDATION OF BKLYN EAST 63 PENNSYLVANIA AVE BROOKLYN, NY 11207 PROVIDER NO: 332535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082886 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (718)646-8000
BUFFALO GEN HOSP-DEACONESS DIV 100 HIGH ST BUFFALO, NY 14203 PROVIDER NO: 330005	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332302	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (716)845-6600
MILLARD FILLMORE HOSP 3 GATES CIRCLE BUFFALO, NY 14209 PROVIDER NO: 330118	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332323	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (716)887-4030
ERIE CO MED CTR 462 ORIDER ST BUFFALO, NY 14215 PROVIDER NO: 330219	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332350	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (716)898-3000
WESTERN NY ARTIFICIAL KIDNEY CENTER 237 LINWOOD AVENUE BUFFALO, NY 14209 PROVIDER NO: 332510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 032775 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (716)550-6363
CHILDRENS HOSPITAL 219 BRYANT ST BUFFALO, NY 14222 PROVIDER NO: 333300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 010185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332367	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE: (716)878-7000

THE MARY IMOOKRE SANSETT HOSP
ATWELL RO
COOPERSTOWN, NY 13326
PROVIDER NO: 330135

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:362329

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 02
PHONE:(607)547-3456

NASSAU CO MED CTR
2201 HEMPSTEAD TRPK
EAST MEADOW, NY 11554
PROVIDER NO: NN0027

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:552308

HCFA REGION: 02
TOTAL STATIONS: 015
RENAL NETWORK: 02
PHONE:(516)542-0123

CITY HOSP CENTER AT ELMHURST
79-01 BROADWAY
ELMHURST, NY 11373
PROVIDER NO: NB0125

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:362329

HCFA REGION: 02
TOTAL STATIONS: 009
RENAL NETWORK: 02
PHONE:(718)830-1160

ST JOHN'S QUEENS HOSPITAL
90-02 QUEENS BLVD
ELMHURST, NY 11373
PROVIDER NO: 330387

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 041584
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:532502

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(718)457-1300

ARNOT OGDEN MEMORIAL HOSP
NOE AVE GROVE ST
ELMIRA, NY 14901
PROVIDER NO: 330050

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00500
CROSS-REFER NO:532318

HCFA REGION: 02
TOTAL STATIONS: 014
RENAL NETWORK: 02
PHONE:(607)737-4100

ST JOHNS EPISCOPAL HOSP-NO SHORE
327 BEACH/101H ST
FAR ROCKAWAY, NY 11691
PROVIDER NO: 330305

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 072181
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:332575

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(718)567-5400

BOOTH MEMORIAL HOSP
MAIN ST AT BOOTH MEM AVE
FLUSHING, NY 11359
PROVIDER NO: 330085

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 050177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00500
CROSS-REFER NO:352311

HCFA REGION: 02
TOTAL STATIONS: 003
RENAL NETWORK: 02
PHONE:(212)718-1258

FLUSHING HOSP & MEDICAL CTR
4500 PARSONS BLVD
FLUSHING, NY 11354
PROVIDER NO: 330195

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 092784
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:532583

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(718)670-5000

BOOTH MEMORIAL HOSP SATELLITE
56-45 MAIN ST
FLUSHING, NY 11355
PROVIDER NO: NB730R

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00500
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE:(718)961-0400

HUNTINGTON ARTIFICIAL KIDNEY CTR
257 W MERRICK RD
FREEPORT, NY 11520
PROVIDER NO: 332529

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 082885
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE:(516)376-5000

OLEAN FALLS HOSPITAL
100 PARK STREET
OLEAN FALLS, NY 12801
PROVIDER NO: 330151

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 071080
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00500
CROSS-REFER NO:362370

HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 02
PHONE:(518)792-3151

SOUTH SHORE DIALYSIS CENTER INC
160 W FRANKLIN AVE
HEMPSTEAD, NY 11550
PROVIDER NO: 332521
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 102083
OWNERSHIP: PROFIT
INTERMEDIARY: 00308
CMS33-REFER NO:
HCFA REGION: 02
TOTAL STATIONS: 018
RENAL NETWORK: 02
PHONE: (516)483-8702

ST JAMES MERCY HOSP-ESRD
411 CANISTEO ST
HORNELL, NY 14843
PROVIDER NO: 33015I
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 021380
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS55-REFER NO: 332303
HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 02
PHONE: (607)324-3900

HUNTINGTON HOSP
270 PARK AVE
HUNTINGTON, NY 11743
PROVIDER NO: 330045
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS33-REFER NO: 332310
HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 02
PHONE: (516)351-2000

HUNTINGTON ARTIFICIAL KIDNEY CENTER
256 BROADWAY
HUNTINGTON STATION, NY 11746
PROVIDER NO: 332513
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 121373
OWNERSHIP: PROFIT
INTERMEDIARY: 00308
CMS33-REFER NO:
HCFA REGION: 02
TOTAL STATIONS: 017
RENAL NETWORK: 02
PHONE: (516)423-4320

DIALYSIS ASSOCIATES OF ITHACA INC
201 OATES DR
ITHACA, NY 14850
PROVIDER NO: 332536
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 100780
OWNERSHIP: PROFIT
INTERMEDIARY: 00308
CMS66-REFER NO:
HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE: (607)273-9111

QUEENS ARTIFICIAL KIDNEY CTR
34-35 70TH STREET
JACKSON HEIGHTS, NY 11372
PROVIDER NO: 332517
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING:
DATE APPROVED: 071680
OWNERSHIP: PROFIT
INTERMEDIARY: 00308
CMS50-REFER NO:
HCFA REGION: 02
TOTAL STATIONS: 052
RENAL NETWORK: 02
PHONE: (718)651-0700

SOUTH QUEENS KIDNEY CTR
175-37 LIBERTY AVE
JAMAICA, NY 11433
PROVIDER NO: 332531
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 031283
OWNERSHIP: PROFIT
INTERMEDIARY: 00308
CMS55-REFER NO:
HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE: (718)297-9100

WOMANS CHRISTIAN ASSOC HOSP
207 FOOTE AVE
JAMESTOWN, NY 14701
PROVIDER #O: 330239
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD
DATE APPROVED: 022680
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS65-REFIN NO: 5523HH
HCFA REGION: 02
TOTAL STATIONS: 005
RENAL NETWORK: 02
PHONE: (716)487-0141

UNITED HEALTH SERVICES
33-57 HARRISON ST (BOX 540)
JOHNSON CITY, NY 13790
PROVIDER NO: 330394
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 080181
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS56-REFIN NO: 332373
HCFA REGION: 02
TOTAL STATIONS: 011
RENAL NETWORK: 02
PHONE: (607)773-5140

KINGSTON HOSP
396 BROADWAY
KINGSTON, NY 12401
PROVIDER NO: 330004
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 072077
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS56-REFER NO: 332372
HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 02
PHONE: (914)331-3131

NORTH SHORE UNIV HOSP
300 COMMUNITY DRIVE
MANHASSET, NY 11030
PROVIDER NO: 330106
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CMS56-REFER NO: 332322
HCFA REGION: 02
TOTAL STATIONS: 025
RENAL NETWORK: 02
PHONE: (516)562-0100

STATE-NEW YORK CONTINUED

ELIZABETH A HORTON MEMORIAL HOSP
80 PROSPECT AVE
MIDDLETOWN, NY 10940
PROVIDER NO: 330001

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 50339
CROSS-REFER NO:332500

HCFA REGION: 02
TOTAL STATIONS: 012
RENAL NETWORK: 02
PHONE:(914)343-2424

WINTHROP UNIVERSITY HOSPITAL
259 1ST ST
MINEOLA, NY 11501
PROVIDER NO: 330157

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332556

HCFA REGION: 02
TOTAL STATIONS: 016
RENAL NETWORK: 02
PHONE:(516)685-2201

LONG ISLAND JEWISH HILLSIDE MED CTR
LAKEVILLE ROAD
NEW HYDE PARK, NY 11042
PROVIDER NO: 320165

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332541

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(718)470-2000

NEW ROCHELLE HOSP MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802
PROVIDER NO: 250184

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332559

HCFA REGION: 02
TOTAL STATIONS: 009
RENAL NETWORK: 02
PHONE:(914)552-5000

PRESBYTERIAN HOP
622 W 168TH ST
NEW YORK, NY 10032
PROVIDER NO: 330012

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332505

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(212)305-2500

MOUNT SINAI MEDICAL CTR-5TH FL
1 G L LEVY PL HOUSMAN PAV
NEW YORK, NY 10025
PROVIDER NO: 330024

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332507

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(212)241-6062

NY INFIRMARY-BEEKMAN DOWNTOWN HOSP
170 WILLIAM ST
NEW YORK, NY 10038
PROVIDER NO: 330054

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 010101
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332525

HCFA REGION: 02
TOTAL STATIONS: 007
RENAL NETWORK: 02
PHONE:(212)255-5500

NEW YORK HOSP
525 E 68TH ST
NEW YORK, NY 10021
PROVIDER NO: 330101

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PIRI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332521

HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 02
PHONE:(212)472-5487

LENOX HILL HOSP
100 E 77TH ST
NEW YORK, NY 10021
PROVIDER NO: 220116

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332524

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 02
PHONE:(212)794-4256

ST LUKES HOSP CENTER
AMSTERDAM AVE & 114TH ST
NEW YORK, NY 10032
PROVIDER NO: 330120

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332525

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(212)870-1765

MEMORIAL HOSP
1272 YORK AVE
NEW YORK, NY 10021
PROVIDER NO: 320124

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00508
CROSS-REFER NO:332554

HCFA REGION: 02
TOTAL STATIONS: 007
RENAL NETWORK: 02
PHONE:(212)794-7821

BETH ISRAEL MEDICAL CENTER 1ST AVE AT 16TH ST NEW YORK, NY 10003 PROVIDER NO: 330169	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 011780 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFIN NO:332361	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE: (212)420-2000
METROPOLITAN HOSP CENTER 1901 1ST AVE NEW YORK, NY 10029 PROVIDER NO: 330199	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090171 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332944	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 02 PHONE: (212)280 6401
BELLEVUE HOSPITAL 27TH ST & FIRST AVE NEW YORK, NY 10016 PROVIDER NO: 330204	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090111 OWNERSHIP: NONPROFIT INTERMEDIARY: 00900 CROSS-REFER NO:332341	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (212)561-5212
UNIVERSITY HOSP 560 FIRST AVE NEW YORK, NY 10016 PROVIDER NO: 330214	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090171 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332340	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE: (212)340-5500
ST CLARES HOSP HEALTH CENTER 415 W 51ST ST NEW YORK, NY 10019 PROVIDER NO: 330230	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072781 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS REFER NO:332976	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (212)586-1500
HARLEM HOSP CTR 506 LENOX AVE NEW YORK, NY 10037 PROVIDER NO: 330240	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090171 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:332354	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE: (212)491-8400
ST VINCENTS HOSP MEDICAL CENTER 153 W 11TH ST NEW YORK, NY 10011 PROVIDER NO: 330290	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090111 OWNERSHIP: NONPROFIT INTERMEDIARY: 00900 CROSS-REFER NO:332991	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE: (212)790-4529
MANHATTAN MONEY CENTER 40 EAST 30TH ST NEW YORK, NY 10016 PROVIDER NO: 332502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090117 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 02 PHONE: (212)725 8540
T CARDINAL COOKE HEALTH CTR-DIALYSIS 1249 FIFTH AVE NEW YORK, NY 10029 PROVIDER NO: 332514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 100179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00900 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 019 RENAL NETWORK: 02 PHONE: (212)860-8000
ROOOSIN INSTITUTE 429 EAST 71ST ST NEW YORK, NY 10021 PROVIDER NO: 332520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 092382 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 021 RENAL NETWORK: 02 PHONE: (212)472-6487
CITY DIALYSIS CENTER INC 105 EAST 106 ST NEW YORK, NY 10029 PROVIDER NO: 332524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 070604 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE: (212)340-6637

WEST MANHATTAN KIDNEY CENTER 550 AMSTERDAM AVE NEW YORK, NY 10024 PROVIDER NO: 332527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 120784 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE: (212)496-2333
LOWER MANHATTAN DIALYSIS CENTER 107 THIRD AVE NEW YORK, NY 10003 PROVIDER NO: 552525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080883 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 014 RENAL NETWORK: 02 PHONE: (212)373-5820
SOUTHERN MANHATTAN DIALYSIS CTR 530 WEST 15TH ST NEW YORK, NY 10014 PROVIDER NO: 552530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 112083 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 02 PHONE: (212)673-6850
VA MEDICAL CENTER RENAL UNIT MIDDLEVILLE RD NORTHPORT, NY 11768 PROVIDER NO: 550157	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 032382 OWNERSHIP: NONPROFIT INTERMEDIARY: 99990 CROSS-REFER NO: 332378	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE: (516)231-4400
SOUTH NASSAU COMM HOSP 2445 OCEANSIDE RD OCEANSIDE, NY 11572 PROVIDER NO: 330158	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 011687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE: (315)763-3999
A BARTON HEPBURN HOSP 214 KING ST OGDENSBURG, NY 13669 PROVIDER NO: 550211	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332348	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE: (315)393-3300
BROOKHAVEN MEMORIAL HOSP 101 HOSPITAL ROAD PATCHOGUE, NY 11772 PROVIDER NO: 330141	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332332	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (315)654-7100
CHAMPLAIN VALLEY PHYSICIANS HOSP 100 BEEKMAN ST PLATTSBURGH, NY 12901 PROVIDER NO: 330250	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332356	HCFA REGION: 02 TOTAL STATIONS: 005 RENAL NETWORK: 02 PHONE: (518)561-2000
ST FRANCIS HOSP NORTH RD POUGHKEEPSIE, NY 12601 PROVIDER NO: 330061	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 041877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332315	HCFA REGION: 02 TOTAL STATIONS: 015 RENAL NETWORK: 02 PHONE: (914)471-2000
LONG ISLAND JEWISH HOSP SATELLITE 214 65 JAMAICA AVE QUEENS VILLAGE, NY 11427 PROVIDER NO: 333503	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 015 RENAL NETWORK: 02 PHONE: (718)464-4646
CENTRAL SUFFOLK HOSP 244 OLD COUNTRY RD RIVERHEAD, NY 11901 PROVIDER NO: 330107	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110283 OWNERSHIP: NONPROFIT INTERMEDIARY: 00300 CROSS-REFER NO: 332381	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE: (516)369-5000

STATE=NEW YORK CONTINUED

ROCHESTER OEN HOSP 1425 PORTLAND AVE ROCHESTER, NY 14621 PROVIDER NO: 330125	FACILITY TYPE: DIALYSIS CENTEN STAFF-ASSISTED: HEMO PENI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:552527	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 02 PHONE:(716)530-4000
DENESEE HOSP 244 ALEXANDER ST ROCHESTER, NY 14607 PROVIDER NO: 330103	FACILITY TYPE: DIALYSIS CENTEN STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:NN2650	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE:(716)263-NN00
STRONG MEM HOSP (ESRD) 601 ELMWOOD AVE ROCHESTER, NY 14642 PROVIDER NO: 330285	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:N32550	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE:(716)275-4605
REGIONAL HOSPITAL SVCS INC 335 MT VERNON AVE ROCHESTER, NY 14620 PROVIDER NO: 332515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PENI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 050481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE:(716)461-5005
TOWNE HOUSE DIALYSIS UNIT 1325 MT HOPE AVE ROCHESTER, NY 14620 PROVIDER NO: 332526	FACILITY TYPE: DIALYSIN FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CCPO	DATE APPROVED: 123184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 02 PHONE:(716)461-6070
CAPITAL DISTRICT DIALYSIS CTR INC 1101 NOTT ST SCHENECTADY, NY 12308 PROVIDEN NO: 332523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PENI CAPD	DATE APPROVED: 081484 OWNERSHIP: PROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 006 RENAL NETWORK: 02 PHONE:(518)382-0202
CENTRAL SUFFOLK ARTIFICIAL KIDNEY CTR 1244 MIDDLE COUNTRY RD SELDEN, NY 11784 PROVIDER NO: 332518	FACILITY TYPE: DIALYNIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120581 OWNERSHIP: PROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 02 PHONE:(516)732-5500
STATEN ISLAND HOSP 475 SEAVIEW AVE STATEN ISLAND, NY 10305 PROVIDER NO: 330150	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:552455	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE:(718)390-9000
BAYLEY SETON HOSPITAL BAY ST & VANDERBILT AVE STATEN ISLAND, NY 10304 PROVIDER NO: 330381	FACILITY TYPE: DIALYSIS CENTEN STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:552560	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 02 PHONE:(718)747-5010
ISLAND REHABILITATIVE SERVICE CORP 470 SEAVIEW AVE STATEN ISLAND, NY 10305 PROVIDER NO: 332511	FACILITY TYPE: DIALYNIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 110779 OWNERSHIP: PROFIT INTERMEDIARY: 00500 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 022 RENAL NETWORK: 02 PHONE:(718)987-5942
RICHMOND KIDNEY CENTER 1366 VICTORY BLVD STATEN ISLAND, NY 10301 PROVIDER NO: 332525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 062084 OWNERSHIP: PROFIT INTERMEDIARY: 00300 CROSS-REFEN NO:	HCFA REGION: 02 TOTAL STATIONS: 021 RENAL NETWORK: 02 PHONE:(718)816-6200

UNIVERSITY HOSP,HEALTH SCIENCE CTR
STATE UNIV OF NEW YORK
STONYBROOK, NY 11794
PROVIDER NO: 330333

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 031D80
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:3323T1

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 02
PHONE:(516)444-2699

GOOD SAMARITAN HOSP-WEST RENAL CTR
RT 59
SUFFERN, NY 10901
PROVIDER NO: 330159

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 080382
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:5328TT

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(914)357-8300

ST JOSEPHS HOSP HEALTH CENTER
301 PROSPECT AVE
SYRACUSE, NY 13203
PROVIDER NO: 330140

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 0822TT
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332331

HCFA REGION: 02
TOTAL STATIONS: 024
RENAL NETWORK: 02
PHONE:(315)424-5144

UNIVERSITY DIALYSIS CTR
1127 E ONONDAGA ST
SYRACUSE, NY 13210
PROVIDER NO: 330241

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 09D17T
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:332355

HCFA REGION: 02
TOTAL STATIONS: 003
RENAL NETWORK: 02
PHONE:(315)473-5100

MONTEFIORE A L R DIALYSIS CTR
1000 PEOPLES AVE
TROY, NY 12180
PROVIDER NO: 332832

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 05D986
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(518)271-0102

ST LUKES MEMORIAL HOSP CENTER
BOX473
UTICA, NY 13503
PROVIDER NO: 330044

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 0901TT
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:3323D9

HCFA REGION: 02
TOTAL STATIONS: 010
RENAL NETWORK: 02
PHONE:(315)798-5000

WESTCHESTER COUNTY MED CTR
RENAL DIALYSIS UNIT
VALHALLA, NY 10595
PROVIDER NO: 330034

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 0901TT
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:332358

HCFA REGION: 02
TOTAL STATIONS: 034
RENAL NETWORK: 02
PHONE:(914)285-TTDO

WESTCHESTER ARTIFICIAL KIDNEY CENTER
303 ORCHARD ST
VALHALLA, NY 10595
PROVIDER NO: 332804

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 09D17T
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER RO:

HCFA REGION: 02
TOTAL STATIONS: 020
RENAL NETWORK: 02
PHONE:(914)592-5858

MERCY HOSPITAL OF WATERTOWN
210 STONE ST
WATERTOWN, NY 13601
PROVIDER NO: 330015

FACILITY TYPE: DIALYSIS CENTER
STAFF ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081684
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332384

HCFA REGION: 02
TOTAL STATIONS: 006
RENAL NETWORK: 02
PHONE:(315)782-T400

GOOD SAMARITAN HOSPITAL
1000 MONTAUK HIGHWAY
WEST ISLIP, NY 11795
PROVIDER NO: 330206

FACILITY TYPE: DIALYSIS CENTER
STAFF ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 0901TT
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332359

HCFA REGION: 02
TOTAL STATIONS: 002
RENAL NETWORK: 02
PHONE:(516)665-1880

ST JOSEPHS HOSP
127 S BROADWAY
YONKERS, NY 10701
PROVIDER NO: 330006

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE
TRAINING: HEMO

DATE APPROVED: 09017T
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00308
CROSS-REFER NO:332303

HCFA REGION: 02
TOTAL STATIONS: 016
RENAL NETWORK: 02
PHONE:(914)965-6700

STATE=NORTH CAROLINA

BMA OF ASHEBORO INC 212 FOUST ST ASHEBORO, NC 27203 PROVIDER NO: 342524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100184 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE: (910)626-0464
MEMORIAL MISSION HOSP 509 BILTMORE AVE ASHEVILLE, NC 28801 PROVIDER NO: 340002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO: 342400	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 06 PHONE: (704)255-4294
ASHEVILLE KIDNEY CENTER INC 10 MCDOWELL ST. ASHEVILLE, NC 28801 PROVIDER NO: 342506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080178 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 06 PHONE: (704)255-8545
BMA OF BURLINGTON 1914 MCKINNEY ST BURLINGTON, NC 27215 PROVIDER NO: 342533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031880 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFIN NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (919)228-6167
NORTH CAROLINA MEMORIAL HOSP- MANNING OR-P.O. BOX 501 CHAPEL HILL, NC 27514 PROVIDER NO: 340061	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 040178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFIN NO: 342305	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 06 PHONE: (919)966-4350
CHARLOTTE MEMORIAL HOSP 1000 BLYTHE BLVD-BOX 32861 CHARLOTTE, NC 28232 PROVIDER NO: 340113	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 050176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO: 342400	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 06 PHONE: (704)550-2000
METROLINA KIDNEY CENTER INC 928 BAXTER ST CHARLOTTE, NC 28204 PROVIDER NO: 342503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 050178 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 054 RENAL NETWORK: 06 PHONE: (704)374-1321
CHARLOTTE ARTIFICIAL KIDNEY CLINIC 632 B MATTHEWS MINT HILL RD CHARLOTTE, NC 28105 PROVIDER NO: 342523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080686 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFIN NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (704)547-0150
PRESBYTERIAN HOSPITAL (ESRD) 200 HAWTHORNE LA. P.O. BOX 33549 CHARLOTTE, NC 28233 PROVIDER NO: 340053	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFEN NO: 342305	HCFA REGION: 04 TOTAL STATIONS: 002 RENAL NETWORK: 06 PHONE: (704)371-4444
METROLINA KIDNEY CENTER/CONCORD UNIT 217 BRANCHVIEW DR S.E. CONCORD, NC 28025 PROVIDER NO: 342519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062085 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (704)792-4152
NEUSE RIVER DIALYSIS CENTER RT 2 BOX 181 B CREEDMOOR, NC 27522 PROVIDER NO: 342520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031486 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFEN NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (919)575-6441

DUKE UNIVERSITY MEDICAL CENTER
P.O. BOX 2N04
DURHAM, NC 27710
PROVIDER NO: 540030
FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD
DATE APPROVED: 090175
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00310
CROSS-REFER NO: 342302
HCFA REGION: 04
TOTAL STATIONS: 024
RENAL NETWORK: 06
PHONE: (919)684-3013

DURHAM DIALYSIS UNIT
S-814 CENTRAL BLD PK 230N N OU
DURHAM, NC 27704
PROVIDER NO: 342530
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 101288
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (919)477-4000

DIALYSIS CARE OF EDEN
513 N VAN BUREN ST
EDEN, NC 27288
PROVIDER NO: 232533
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 042288
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (919)628-7906

DIALYSIS CARE OF EDEN
513 S VAN BUREN ST
EDEN, NC 27288
PROVIDER NO: 345553
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 042288
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (919)628-7906

ALBEMARLE DIALYSIS CENTER INC
1140 NORTH ROAD STREET
ELIZABETH CITY, NC 27909
PROVIDER NO: 342513
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 030192
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (919)338-2217

FAYETTEVILLE KIDNEY CENTER INC
1513 AVON ST-P.O.BOX 34365
FAYETTEVILLE, NC 28304
PROVIDER NO: 342510
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 121977
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 040
RENAL NETWORK: 06
PHONE: (919)323-5288

METROLINA KIDNEY CENTER-GASTON CO
RT 9 BOX 34
GASTONIA, NC 28054
PROVIDER NO: 342515
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 111280
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 05
PHONE: (704)824-4381

GOLDSBORO KIDNEY CTR
2NOE MCLAMB PLACE
GOLDSBORO, NC 27530
PROVIDER NO: 342531
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 021789
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (919)734-1410

GREENSBORO KIDNEY CENTER INC.
200 W WENDOVER AVE
GREENSBORO, NC 27401
PROVIDER NO: 342504
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD
DATE APPROVED: 090176
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 042
RENAL NETWORK: 06
PHONE: (919)370-9487

PITT CO MEM HOSP
200 STANTONSBURG RD-BOX 602N
GREENVILLE, NC 27834
PROVIDER NO: 540040
FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:
DATE APPROVED: 120880
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00310
CROSS-REFER NO: 342303
HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (919)561-4464

GREENVILLE DIALYSIS CENTER
DOCTORS PARK BLDG 3
GREENVILLE, NC 27834
PROVIDER NO: 342502
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 090175
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:
HCFA REGION: 04
TOTAL STATIONS: 029
RENAL NETWORK: 03
PHONE: (919)752-1520

DIALYSIS CARE OF HAMLET NICE & VANCE STS HAMLET, NC 28345 PROVIDER NO: 342539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101180 OWNERSHIP: PROFIT INTERMEDIARY: 00510 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(919)582-3611
NORTHWESTERN DIALYSIS FACILITY INC 415 N CENTER ST HICKORY, NC 28601 PROVIDER NO: 342516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 081283 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 06 PHONE:(704)324 6580
HIGH POINT KIDNEY CENTER INC P.O. BOX 5944 HIGH POINT, NC 27262 PROVIDER NO: 342514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090182 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(910)886-9700
SOUTHEASTERN DIALYSIS CENTER 14 OFFICE PARK DRIVE JACKSONVILLE, NC 28546 PROVIDER NO: 342532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050888 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(919)545-0864
SOUTHEASTERN DIALYSIS CTR HENANSVILLE BEASLEY STREET HENANSVILLE, NC 28349 PROVIDER NO: 342535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050888 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(919)543-0864
WINSTON DIALYSIS UNIT 1610 NORTH QUEEN ST WINSTON, NC 28501 PROVIDER NO: 342518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020185 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(910)722-5725
NORTHWESTERN DIALYSIS FACILITY-LENOIR 322 MULBERRY ST SW-PO BOX 1258 LENOIR, NC 28645 PROVIDER NO: 342509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00510 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(704)754-5522
LUMBERTON DIALYSIS UNIT 720 WESLEY PINES RD LUMBERTON, NC 28358 PROVIDER NO: 342528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112586 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE:(919)738-2421
METROLINA KIDNEY CENTER 870 SUNSET DR MONROE, NC 28110 PROVIDER NO: 342525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100886 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(704)289-8407
MONROE DIALYSIS CENTER P.O.BOX 768 MONROE, NC 28110 PROVIDER NO: 342526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 112486 OWNERSHIP: PROFIT INTERMEDIARY: 00510 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(704)283-0068
OUTER BANKS DIALYSIS CENTER INC 2917 S CROATAN HWY-BOX 1718 NAGS HEAD, NC 27959 PROVIDER NO: 342530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091587 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 06 PHONE:(919)441-0424

NEW BERN DIALYSIS UNIT
3580 NIUSE BLVD
NEW BERN, NC 28560
PROVIDER NO: 342634

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 042088
OWNERSHIP: PROFIT
INTERMEDIARY: 00510
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 06
PHONE: (919)555-6303

THE RALEIGH CLINIC DIALYSIS FACILITY
201 SWINBURNE RT
RALEIGH, NC 27610
PROVIDER NO: 342612

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 100180
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 028
RENAL NETWORK: 06
PHONE: (319)755-0146

WAKE DIALYSIS INC.
4021 OAKNEIT DR
RALEIGH, NC 27606
PROVIDER NO: 342622

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD CCPD

DATE APPROVED: 070785
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 016
RENAL NETWORK: 06
PHONE: (319)782-9501

ROCKY MOUNT KIDNEY CENTER
234 HILL STREET
ROCKY MOUNT, NC 27801
PROVIDER NO: 342617

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 111883
OWNERSHIP: PROFIT
INTERMEDIARY: 00510
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (919)446-0211

CAROLINA DIALYSIS-SANFORD
1135 CARTHAGE ST
SANFORD, NC 27330
PROVIDER NO: 340070

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 061580
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:342310

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 06
PHONE: (319)774-2050

DIALYSIS CLINIC OF SHELBY, INC.
1018 N LAFAYETTE ST
SHELBY, NC 28150
PROVIDER NO: 342626

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 010887
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00310
CROSS-REFEN NO:

HCFA REGION: 04
TOTAL STATIONS: 013
RENAL NETWORK: 06
PHONE: (704)481-0412

STATESVILLE DIALYSIS CTR INC
627 SIGNAL HILL DR EXT
STATESVILLE, NC 28677
PROVIDER NO: 342527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 120586
OWNERSHIP: PROFIT
INTERMEDIARY: 00510
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 05
PHONE: (704)872-0148

SOUTHEASTERN DIALYSIS CTR
616 N MADISON ST
WHITEVILLE, NC 28472
PROVIDER NO: 342521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 042286
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 011
RENAL NETWORK: 06
PHONE: (319)542-0238

SOUTHEASTERN DIALYSIS CENTER INC
2215 YAUPOK DRIVE
WILMINGTON, NC 28401
PROVIDER NO: 342511

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 052673
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 036
RENAL NETWORK: 06
PHONE: (919)545-0554

CAROLINA CLINIC KIDNEY CENTER
1700 S TARBORO ST
WILSON, NC 27893
PROVIDER NO: 342507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090176
OWNERSHIP: PROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 022
RENAL NETWORK: 05
PHONE: (919)291-8417

NORTH CAROLINA BAPTIST HOSP-
300 S HAWTHORNE RD
WINSTON-SALEM, NC 27103
PROVIDER NO: 340047

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00310
CROSS-REFER NO:342504

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 06
PHONE: (919)748-3170

STATE=NORTH CAROLINA CONTINUED

PIEDMONT DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 08D178	HCFA REGION: 04
120 MILLER ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 08D
WINSTON-SALEM, NC 27104	SELF-CARE:	INTERMEDIARY: 00R10	RENAL NETWORK: 06
PROVIDER NO: 342505	TRAINING: HEMO PERI CAPD CCPD	CROSS-WIRE NO:	PHONE:(919)721-136D

NTATE-NORTH OAKOTA

ST ALEXIUS MEDICAL CTR NOO E ANDAOWAY NISMANCK, NO 5N502 PNOVIOEN NO: 550002	FACILITY TYPE: OIALYSIS CENTEN NTAFF-ASNISTEO: NEMO SELF-CANE: TNAININO: NEMO CAPO	OATE APPNOVED: 070687 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00S20 CNOSS-NEFEN NO:S52S00	NCFA NEOION: 08 TOTAL STATIONS: 011 NENAL NETWONN: 11 PNONE:(701)224-7100
MEOCENTEN ONE-ENNO UNIT NOO N 7TN NTNEET BINMANCK, NO 58501 PNOVIDEN NO: N5001N	FACILITY TYPE: OIALYSIS FACILITY-NOSP STAFF-ASSINTEO: NEMO NELF-CANE: TNAININO:	OATE APPNOVEO: 051087 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00S20 CNOSS-NEFEN NO:S52S04	NCFA NEOION: 08 TOTAL STATIONS: 005 NENAL NETWONN: 11 PNONE:(701)224-6100
NT JONEPN NONPITAL SO NEVENTN NT WENT OICKINNON, NO 5N801 PNOVIOEN NO: 5N3501	FACILITY TYPE: OIALYSIS FACILITY-NOSP STAFF-ASNISTEO: NEMO PENI NELF-CANE: TNAININO:	OATE APPNOVEO: 031488 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00320 CNOSS-NEFEN NO:	NCFA NEGION: 08 TOTAL STATIONS: 003 NENAL NETWONN: 11 PNONE:(701)225-7200
OAKOTA NONPITAL ENNO UNIT 1720 S UNIVENNITY ON-BOK 6014 FANGO, NO 58105 PNOVIDEN NO: 550004	FACILITY TYPE: OIALYSIS CENTEN STAFF-ASSISTEO: NEMO SELF-CANE: TNAININO: NEMO CAPO	OATE APPNOVEO: 080177 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00320 CNOSS-NEFEN NO:S52S01	NCFA NEGION: 08 TOTAL STATIONS: 016 NENAL NETWONN: 11 PNONE:(701)280-4496
UNITED NONPITAL 1200 N. COLUMBIA NO. ONANO PONKN, NO 58201 PNOVIOEN NO: 55001N	FACILITY TYPE: OIALYSIS FACILITY-NOSP STAFF-ASSISTEO: NEMO PENI SELF-CANE: TNAININO: NEMO CAPO	OATE APPNOVEO: 081877 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00320 CNOSS-NEFEN NO:SS2302	NCFA NEGION: 08 TOTAL STATIONS: 009 NENAL NETWONN: 11 PNONE:(701)780-5877
TNINITY MEDICAL CENTEN NOSP BUNDICK EXPNENNWAY MINOT, NO 5N701 PNOVIOEN NO: SN004N	FACILITY TYPE: OIALYSIS FACILITY-NOSP STAFF-ASSISTEO: NEMO SELF-CANE: TNAININO: CAPO	OATE APPNOVEO: 071778 OWNENSNIP: NONPNOFIT INTENMEOIANY: 00S20 CNOSS-NEFEN NO:SS280S	NCFA NEGION: 08 TOTAL STATIONS: 007 NENAL NETWONN: 11 PNONE:(701)857-5404
MENCY NOSPITAL 1N01 15TN AVE WENT WILLINTON, NO 58501 PNOVIOEN NO: 5SNN02	FACILITY TYPE: OIALYSIS FACILITY-NOSP STAFF-ASSISTED: NEMO PENI SELF-CANE: TNAINING:	OATE APPNOVEO: 031488 OWNENSNIP: PNOFIT INTENMEOIANY: 00820 CNOSS-NEFEN NO:	NCFA NEOION: 08 TOTAL STATIONS: 002 NENAL NETWONN: 11 PNONE:(701)774-7400

STATE=OHIO

AKRON CITY HOSPITAL 525 EAST MARKET STREET AKRON, OH 44309 PROVIDER NO: 360075	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362303	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: ON PHONE:(216)375-3085
ST THOMAS HOSPITAL MEDICAL CENTER 444 NORTH MAIN STREET AKRON, OH 44310 PROVIDER NO: 360020	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082078 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362320	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: ON PHONE:(216)375-1111
BIO-MEDICAL APPLICATIONS OF AKRON INC 345 BISHOP STREET AKRON, OH 44307 PROVIDER NO: 362503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: ON PHONE:(216)375-4805
CHILDREN'S HOSP MEDICAL CTR 281 LOCUST ST AKRON, OH 44308 PROVIDER NO: 363303	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 121383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362325	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 09 PHONE:(216)579-8773
FRANK RAPPI FOUNDATION KIDNEY DIAL CTR 1047 LAKE AVENUE ASHTABULA, OH 44004 PROVIDER NO: 362507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 113080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(216)964-9777
AULTMAN HOSPITAL 2600 6TH STREET CANTON, OH 44710 PROVIDER NO: 360084	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: CAPD	DATE APPROVED: 020482 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362325	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: ON PHONE:(216)458-7476
UNIVERSITY HOSPITAL 231 BETHESDA AVE CINCINNATI, OH 45267 PROVIDER NO: 360003	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362300	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: ON PHONE:(513)872-5100
DDDD SAMARITAN HOSPITAL 3217 CLIFTON AVENUE CINCINNATI, OH 45220 PROVIDER NO: 360134	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362316	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE:(513)872-2440
CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI, OH 45219 PROVIDER NO: 360163	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362316	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(513)369-2518
COMMUNITY LIMITED CARE DIALYSIS CTR 2915 CLIFTON AVE CINCINNATI, OH 45220 PROVIDER NO: 362502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 09 PHONE:(513)872-2733
DIALYSIS CLINICS INC. 499 E MCMILLAN CINCINNATI, OH 45206 PROVIDER NO: 362504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 09 PHONE:(513)281-0091

STATE-OHIO CONTINUED

CHILDRENS HOSP MED CTR-CNHD
ELLAND AND BETHESDA AVEN
CINCINNATI, OH 45229
PROVIDER NO: 363H00

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362321

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (513)559-4200

ST JOHN HOSPITAL
7H11 DETROIT AVE
CLEVELAND, OH 44102
PROVIDER NO: 360068

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362309

HCFA REGION: 05
TOTAL STATIONS: 007
RENAL NETWORK: 03
PHONE: (216)681-7000

CLEVELAND METRO GEN HOSP
3395 SCRANTON RD
CLEVELAND, OH 44106
PROVIDER NO: 360063

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362310

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL NETWORK: 09
PHONE: (216)459-4412

MT SINAI MEDICAL CTR
UNIVERSITY CIRCLE
CLEVELAND, OH 44106
PROVIDER NO: 360075

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362311

HCFA REGION: 05
TOTAL STATIONS: 014
RENAL NETWORK: 09
PHONE: (216)421-3772

UNIVERSITY HOSPITALS OF CLEVELAND
2074 ABINGTON RD
CLEVELAND, OH 44106
PROVIDER NO: 360137

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362316

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 09
PHONE: (216)444-1000

CLEVELAND CLINIC FOUNDATION
9500 EUCLID
CLEVELAND, OH 44106
PROVIDER NO: 360180

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00332
CROSS-REFER NO:362320

HCFA REGION: 05
TOTAL STATIONS: 028
RENAL NETWORK: 09
PHONE: (216)444-2480

RIVERSIDE METHODIST HOSPITAL
3535 OLENTANGY RIVER RD
COLUMBUS, OH 43214
PROVIDER NO: 360006

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00334
CROSS-REFER NO:362301

HCFA REGION: 05
TOTAL STATIONS: 024
RENAL NETWORK: 09
PHONE: (614)261-5296

MT CARMEL MEDICAL CTR (ESNO)
793 W STATE ST
COLUMBUS, OH 43222
PROVIDER NO: 360035

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00334
CROSS-REFER NO:362305

HCFA REGION: 05
TOTAL STATIONS: 010
RENAL NETWORK: 09
PHONE: (614)225-5014

OHIO STATE UNIVERSITY HOSP
410 W 10TH AVE
COLUMBUS, OH 43210
PROVIDER NO: 360085

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00334
CROSS-REFER NO:362313

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 09
PHONE: (614)293-8169

DOCTORS HOSPITAL NORTH
1087 DENNISON AVE
COLUMBUS, OH 43201
PROVIDER NO: 360152

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 011284
OWNERSHIP: PROFIT
INTERMEDIARY: 00334
CROSS-REFER NO:362327

HCFA REGION: 05
TOTAL STATIONS: 006
RENAL NETWORK: 09
PHONE: (614)297-4000

CENTRAL OHIO DIALYSIS CENTER
4041 N HIGH ST
COLUMBUS, OH 43214
PROVIDER NO: 362301

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00334
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 027
RENAL NETWORK: 09
PHONE: (614)261-9875

THE CHILDREN'S HOSPITAL-ESRD
7DD CHILDREN'S DRIVE
COLUMBUS, OH 432D5
PROVIDER NO: 3633D5

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 082284 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 003
INTERMEDIARY: 00334 | RENAL NETWORK: 04
CROSS-REFER NO: 362326 | PHONE: (614)461-2188

DRAKE PARK DIALYSIS CENTER
393 EAST TOWN ST
COLUMBUS, OH 43215
PROVIDER NO: 3625I4

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 070888 | HCFA REGION: 05
OWNERSHIP: PROFIT | TOTAL STATIONS: 009
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: | PHONE: (614)486-0070

MIAMI VALLEY HOSP
ONE WYOMING ST
DAYTON, OH 454D9
PROVIDER NO: 36DD5I

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 060177 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 031
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: 362307 | PHONE: (513)223-6102

DAYTON REGIONAL DIALYSIS INC
3500 PARK CENTER DR, SUITE 12D
DAYTON, OH 45414
PROVIDER NO: 362512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 111086 | HCFA REGION: 05
OWNERSHIP: PROFIT | TOTAL STATIONS: 010
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: | PHONE: (513)890-8526

COMMUNITY DIALYSIS CENTER
P.O. BOX 12220
EAST CLEVELAND, OH 44112
PROVIDER NO: 3625DD

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 060177 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 030
INTERMEDIARY: 00332 | RENAL NETWORK: 05
CROSS-REFER NO: | PHONE: (216)229-1100

ELYRIA MEMORIAL HOSPITAL
630 EAST RIVER STREET
ELYRIA, OH 44D35
PROVIDER NO: 36D145

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 090177 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 016
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: 362618 | PHONE: (216)323-3221

LIMA MEM HOSP
LINDEN & NOBEL STS
LIMA, OH 458D4
PROVIDER NO: 36DDD9

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 090177 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 009
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: 362302 | PHONE: (419)228-8335

MANSFIELD KIDNEY CTR BMA
597 PARK AVENUE EAST
MANSFIELD, OH 449D6
PROVIDER NO: 3625DB

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 081080 | HCFA REGION: 05
OWNERSHIP: PROFIT | TOTAL STATIONS: 008
INTERMEDIARY: 00334 | RENAL NETWORK: 05
CROSS-REFER NO: | PHONE: (419)526-4430

COMMUNITY DIALYSIS CTR
9DD2 MENTOR AVE
MENTOR, OH 44D6D
PROVIDER NO: 3625D5

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 022780 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 010
INTERMEDIARY: 00332 | RENAL NETWORK: 05
CROSS-REFER NO: | PHONE: (216)951-8602

COMMUNITY LIMITED CARE DIALYSIS
6 EAST AVE
MONROE, OH 45D5D
PROVIDER NO: 3625D6

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 033180 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 007
INTERMEDIARY: 00334 | RENAL NETWORK: 09
CROSS-REFER NO: | PHONE: (513)539-9261

CLEVELAND CLINIC WEST SIDE DIAL CTR
5230 HAUSERMAN RD
PARMA, OH 44130
PROVIDER NO: 3635DD

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 051678 | HCFA REGION: 05
OWNERSHIP: NONPROFIT | TOTAL STATIONS: 015
INTERMEDIARY: 00332 | RENAL NETWORK: 09
CROSS-REFER NO: | PHONE: (216)888-6344

STATE-OHIO CONTINUED

M.E. MARTIN MEMORIAL DIALYSIS CENTER 1249 KINNEYH LANE PORTSMOUTH, OH 45662 PROVIDER NO: 360022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 022381 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362324	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE:(614)353-2131
PROVIDENCE HOSP 1728 COLUMBUS AVE SANDUSKY, OH 44870 PROVIDER NO: 360024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090678 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362322	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 09 PHONE:(419)625-8450
CLARK COUNTY DIALYSIS FACILITY INC 247 S BURNETT RD SPRINGFIELD, OH 45505 PROVIDER NO: 362310	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 112383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(513)325-5112
ST JOHN MEDICAL CTR ST JOHN HEIGHTS STEUBENVILLE, OH 43952 PROVIDER NO: 360089	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362312	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 09 PHONE:(614)264-8171
MEDICAL COLLEGE OF OHIO AT TOLEDO 3000 ARLINGTON AVE-CS 10008 TOLEDO, OH 43699 PROVIDER NO: 360040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362306	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 09 PHONE:(419)381-3411
THE TOLEDO HOSP DIAL UNIT 2142 NORTH COVE BLVD TOLEDO, OH 43606 PROVIDER NO: 360080	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 062778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362323	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(419)471-4302
MT VIRGINIA MEDICAL CENTER 2219 CHERRY ST TOLEDO, OH. 43608 PROVIDER NO: 360119	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362314	HCFA REGION: 05 TOTAL STATIONS: 031 RENAL NETWORK: 09 PHONE:(419)536-8303
ONBERFIELD HEALTH SYSTEMS CORP 8401 OLENDALE AVE, SUITE 110 TOLEDO, OH 43614 PROVIDER NO: 362509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 082481 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 09 PHONE:(419)389-9681
COUNTY DIALYSIS SERVICES 820 SUMMIT AVE, P.O. BOX 89 TROY, OH 45378 PROVIDER NO: 362919	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 030487 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 09 PHONE:(513)339-4600
DIALYSIS ASSOCIATES 21000 MILES PARKWAY WARRENSVILLE HEIGHTS, OH 44128 PROVIDER NO: 362515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080588 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 09 PHONE:(216)662-0110
ST ELIZABETH HOSP MED CTR 1044 BELMONT AVE YOUNGSTOWN, OH 44505 PROVIDER NO: 360084	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 060281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362330	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 09 PHONE:(216)746-7211

STATE=OHIO CONTINUED

YOUNGSTOWN HOSP ASSOC GYPSY LANE & GOLETA AVE YOUNGSTOWN, OH 44501 PROVIDER NO: 360141	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: ONO177 OWNERSHIP: NONPROFIT INTERMDIARY: 00332 CROSS-WALK NO: 3N2317	HCFA REGION: 05 TOTAL STATIONS: 01N RENAL NETWORK: 0N PHONE: (216)747-1431
ZANESVILLE DIALYSIS CENTER 3120 NEWARK RD ZANESVILLE, OH 43701 PROVIDER NO: 362511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 131083 OWNERSHIP: PROFIT INTERMDIARY: 00332 CROSS-WALK NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE: (614)452-4525

VALLEY VIEW REGIONAL HOSPITAL
4ND N MONTE VISTA
ADA, OK 74820
PROVIDER NO: 370020
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 082487
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD840
CROSS-REFER NO:372316
HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 13
PHONE:(405)332-2626

MEMORIAL HOSP OF SOUTHERN OKLAHOMA
1001 FOURTEENTH AVE NW
ARDMORE, OK 73401
PROVIDER NO: 370047
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 095087
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD540
CROSS-REFER NO:372320
HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE:(405)223-5400

HILLCREST/J PHILLIPS DK FAC
N500 E FRANK PHILLIPS BLVD
BARTLESVILLE, OK 74006
PROVIDER NO: 370502
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:
DATE APPROVED: 010185
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD340
CROSS-REFER NO:
HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE:(918)335-2483

CLINTON REGIONAL HOSP
P.O. BOX 1500
CLINTON, OK 73601
PROVIDER NO: 370029
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 086177
OWNERSHIP: NONPROFIT
INTERMEDIARY: S228D
CROSS-REFER NO:372304
HCFA REGION: 06
TOTAL STATIONS: 004
RENAL NETWORK: 13
PHONE:(405)323-4140

MIDWEST DIALYSIS DUNCAN INC
2645 WEST ELK AVE
DUNCAN, OK 73533
PROVIDER NO: 372808
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 040378
OWNERSHIP: PROFIT
INTERMEDIARY: DD340
CROSS-REFER NO:
HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 13
PHONE:(405)252-0097

COMM DIALYSIS SVCS OF ENID
808 N 5TH ST
ENID, OK 73701
PROVIDER NO: 372506
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 050188
OWNERSHIP: PROFIT
INTERMEDIARY: D034D
CROSS-REFER NO:
HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 13
PHONE:(405)233-6100

MC ALESTER DEM HOSP
1 CLARK HAHN BLVD
MCALESTER, OK 74501
PROVIDER NO: 370054
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:
DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD540
CROSS-REFER NO:372305
HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 15
PHONE:(918)426-1800

HILFCNIST BAPT MED MLTN CTR
102 B NORTHWEST
MIAMI, OK 74354
PROVIDER NO: 370505
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:
DATE APPROVED: 110386
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD34D
CROSS-REFER NO:
HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE:(918)540-1627

HILLCREST/MUSKOGEE DK FAC
800 ROCKEFELLER DR
MUSKOGEE, OK 74401
PROVIDER NO: 370501
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:
DATE APPROVED: 010185
OWNERSHIP: NONPROFIT
INTERMEDIARY: D0340
CROSS-REFER NO:
HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 15
PHONE:(918)687-0016

BAPTIST MEDICAL CENTER OF OKLAHOMA INC
3500 NORTH WEST EXPRESSWAY
OKLAHOMA CITY, OK 73112
PROVIDER NO: 370028
FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:
DATE APPROVED: 121186
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD34D
CROSS-REFER NO:372303
HCFA REGION: 06
TOTAL STATIONS: 000
RENAL NETWORK: 15
PHONE:(405)949-3856

OKLAHOMA MEMORIAL HOSPITAL
PO BOX 26901
OKLAHOMA CITY, OK 73126
PROVIDER NO: 370005
FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD CCPD
DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD54D
CROSS-REFER NO:372316
HCFA REGION: 06
TOTAL STATIONS: 015
RENAL NETWORK: 15
PHONE:(405)271-6048

STATE=OKLAHOMA CONTINUED

ST ANTHONY HOSP
1000 N LEE ST
OKLAHOMA CITY, OK 73102
PROVIDER NO: 370037

FACILITY TYPE: TRANSPLANT/DIALYSIN CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAININD: HEMO PERI CAPD CCPD

DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS-REFER NO: 372306

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 13
PHONE: (405) 272-6803

PRESBYTERIAN HOSPITAL INC
NORTHEAST 13TH & LINCOLN BLVD
OKLAHOMA CITY, OH 73104
PROVIDER NO: 370093

FACILITY TYPE: TRANSPLANT/DIALYSIN CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD:

DATE APPROVED: 021888
OWNERSHIP: PROFIT
INTERMEDIARY: 00340
CROSS-REFER NO: 372314

HCFA REGION: 06
TOTAL STATIONS: 004
RENAL NETWORK: 13
PHONE: (405) 271-6010

VA MEDICAL CENTER
921 NE 13TH ST, 11101
OHLAHOMA CITY, OK 73104
PROVIDER NO: 37014F

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00000
CROSS-REFER NO: 37231D

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 13
PHONE: (405) 272-9676

OKLAHOMA CHILDRENS MEM HOSP
P.O. BOX 25901
OHLAHOMA CITY, OK 73190
PROVIDER NO: 370167

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS-REFER NO: 372311

HCFA REGION: 06
TOTAL STATIONS: 005
RENAL NETWORK: 13
PHONE: (405) 271-6165

MEDICAL PLAZA DIALYSIS
3435 N.W. 56TH ST, SUITE 600
OHLAHOMA CITY, OH 73112
PROVIDER NO: 37250D

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD CCPD

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00340
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 021
RENAL NETWORK: 13
PHONE: (405) 946-4440

OHLAHOMA DIALYSIS INC.
312 NW 13TH
OHLAHOMA CITY, OH 73103
PROVIDER NO: 372502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAININD: HEMO CAPD

DATE APPROVED: 090778
OWNERSHIP: PROFIT
INTERMEDIARY: 00340
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 13
PHONE: (405) 236-5048

HILLCREST/OKMULGEE DIALYSIS FACILITY
P.O. BOX 1030
OKMULGEE, OH 74447
PROVIDER NO: 373500

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD:

DATE APPROVED: 010185
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 18
PHONE: (918) 584-1361

ST JOSEPHS HOSPITAL
P.O. BOX 1270
PONCA CITY, OK 74602
PROVIDER NO: 370006

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS-REFER NO: 372301

HCFA REGION: 06
TOTAL STATIONS: 005
RENAL NETWORK: 13
PHONE: (405) 765-8521

HILLCREST/POTEAU RED DIALYSIS FAC
P.O. BOX 805
POTEAU, OH 74953
PROVIDER NO: 373504

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD:

DATE APPROVED: 021987
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 18
PHONE: (918) 647-0001

SAYRE MEMORIAL HOSPITAL
P.O. BOX 580
SAYRE, OH 73662
PROVIDER NO: 37D1D3

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00340
CROSS REFER NO: 372309

HCFA REGION: 06
TOTAL STATIONS: 003
RENAL NETWORK: 13
PHONE: (405) 928-5541

STILLWATER MEDICAL CENTER ESRD
P.O. BOX 2408
STILLWATER, OH 74076
PROVIDER NO: 372505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD:

DATE APPROVED: 082683
OWNERSHIP: PROFIT
INTERMEDIARY: 00340
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 004
RENAL NETWORK: 13
PHONE: (405) 372-1480

STATE-OKLAHOMA CONTINUED

TAHLEQUAH CITY HOSP P.O. BOX 1008 TAHLEQUAH, OK 74464 PROVIDER NO: H7008B	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: SOSPROFIT INTERMEDIARY: 00340 CROSS-REFER SO:372307	HCFA REGION: 06 TOTAL STATIONS: 001 RENAL NETWORK: 13 PHONE:(918)456-0641
HILLCREST MEDICAL CENTER 1148 SOUTH UTICA, SUITE NO7 TULSA, OK 74104 PROVIDER NO: 370001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: SOSPROFIT INTERMEDIARY: 00340 CROSS-REFER SO:372300	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 13 PHONE:(918)587-1300
OKLAHOMA OSTEOPATHIC HOSPITAL 744 WEST EIGHTH TULSA, OK 74127 PROVIDER NO: H7007H	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 051377 OWNERSHIP: SOSPROFIT INTERMEDIARY: 00340 CROSS-REFER SO:372312	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 13 PHONE:(918)599-5136
ST FRANCIS HOSP MINI M YALE AVE TULSA, OK 74177 PROVIDER NO: H7009I	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: SOSPROFIT INTERMEDIARY: S2280 CROSS-REFER NO:372308	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 13 PHONE:(918)494-4403
TULSA DIALYSIS CENTER 4480 N HARVARD AVE TULSA, OK 74115 PROVIDER NO: H72H04	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 062383 OWNERSHIP: PROFIT INTERMEDIARY: 00340 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 13 PHONE:(918)744-0448

STATE=OREGON

EASTERN CASCADE DIALYSIS CENTER 369 N.E. REVERE AVE BEND, OR 97701 PROVIDER NO: 383S01	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00X80 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 004 RENAL NETWORK: 16 PHONE: (503)388-4806
SACRED HEART GENERAL HOSPITAL 1255 HILYARD ST EUGENE, OR 97401 PROVIDER NO: 380033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO: 382302	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE: (503)686-7061
ROGUE VALLEY DIALYSIS CTR & SVCS 492 MURPHY RD MEDFORD, OR 97504 PROVIDER NO: 382505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 012286 OWNERSHIP: PROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 012 RENAL NETWORK: 16 PHONE: (503)770-4806
UNIV OF OREGON HEALTH SCIENCES CTR 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97201 PROVIDER NO: 380009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO: 382300	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 16 PHONE: (503)225-7858
GOOD SAMARITAN HOSP & MED CENTER 1015 NW 22 AVE PORTLAND, OR 97210 PROVIDER NO: 380017	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO: 382301	HCFA REGION: 10 TOTAL STATIONS: 031 RENAL NETWORK: 16 PHONE: (503)226-7357
PROVIDENCE MEDICAL CTR (ESRD) 4805 NE OLISAN PORTLAND, OR 97213 PROVIDER NO: 380051	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO: 382303	HCFA REGION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE: (503)280-1111
OREGON KIDNEY CENTER 5314 NE IRVING PORTLAND, OR 97213 PROVIDER NO: 382500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 021 RENAL NETWORK: 16 PHONE: (503)284-1936
UNIVERSITY DIALYSIS CENTER 2510 S.W. FIRST AVE PORTLAND, OR 97201 PROVIDER NO: 383S02	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 022687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 008 RENAL NETWORK: 16 PHONE: (503)225-8204
MERCY REGIONAL DIALYSIS CTR 201 NW MEDICAL LOOP RD M190 ROSEBURG, OR 97470 PROVIDER NO: 382504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 16 PHONE: (503)440-2493
COMMUNITY DIALYSIS OF SALEM 420 MILL ST SE SALEM, OR 97301 PROVIDER NO: 382502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 083176 OWNERSHIP: PROFIT INTERMEDIARY: 00350 CROSS REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 016 RENAL NETWORK: 16 PHONE: (503)371-0047

STATE-PENNSYLVANIA

ABINGTON MEMORIAL HOSP 1200 OLD YORK RD ABINGTON, PA 19001 PROVIDER NO: 390291	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392333	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE: (215)576-2000
BIO-MEDICAL APPL OF ABINGTON INC 1201 OLD YORK ROAD ABINGTON, PA 19001 PROVIDER NO: 393806	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE: (215)887-7100
THE ALLENTOWN HOSPITAL 17TH & CHEW STR ALLENTOWN, PA 18104 PROVIDER NO: 390195	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392322	HCFA REGION: 03 TOTAL STATIONS: 013 RENAL NETWORK: 04 PHONE: (215)821-2204
AMA OF ALLENTOWN 2018 HAMILTON ST. SUITE 208 ALLENTOWN, PA 18104 PROVIDER NO: 393808	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CASE: HEMO TRAINING: CAPD	DATE APPROVED: 070177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE: (215)435-6718
DIALYSIS CLINIC INC OF ALQUIPPA 2400 HOSPITAL DR ALQUIPPA, PA 15001 PROVIDER NO: 393935	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 022481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE: (412)378-0041
ALTOONA HOSP HOWARD AVE & 7TH ST ALTOONA, PA 16603 PROVIDER NO: 390075	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392313	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE: (814)946-2847
ST LUKES HOSPITAL OF BETHLEHEM 801 ORTRUM ST BETHLEHEM, PA 18019 PROVIDER NO: 390045	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 081579 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392340	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE: (216)691-7341
DMA OF BETHLEHEM 1888 WEST MARKET STWEST BETHLEHEM, PA 18018 PROVIDER NO: 393516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 070177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE: (215)868-0462
COMMUNITY DIALYSIS SERVICES 550 W WASHINGTON ST MEADVILLE, PA 16701 PROVIDER NO: 393935	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 112178 OWNERSHIP: PROFIT INTERMEDIARY: 00393 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE: (814)455-3025
BRYN MAWR HOSPITAL MAIN MAWR AVE BRYN MAWR, PA 19010 PROVIDER NO: 390139	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 100277 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392323	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE: (215)889-3000
HAVERFORD DIALYSIS UNIT 845 HAVERFORD RD BRYN MAWR, PA 19010 PROVIDER NO: 393904	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE: (215)527-4255

BMA OF BUTLER INC.
939 EAST BRADY ST EXT
BUTLER, PA 16001
PROVIDER NO: 392525

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 033090
OWNERSHIP: PROFIT
INTERMEDIARY: 00333
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 04
PHONE: (412)282-4430

BRANDYWINE HOSPITAL
201 REECEVILLE RD
CALN TOWNSHIP, PA 19320
PROVIDER NO: 390076

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 051183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51390
CROSS-REFIN NO: 392349

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE: (215)383-8005

CUMBERLAND VALLEY DIALYSIS INC
250 N 7TH ST ZPINE HLTH CTR
CHAMBERSBURG, PA 17201
PROVIDER NO: 392550

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 022587
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 04
PHONE: (717)267-2533

CHAMBERSBURG HOSP
112 N 7TH ST
CHAMBERSBURG, PA 17201
PROVIDER NO: 390151

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021086
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00333
CROSS-REFIN NO: 392348

HCFA REGION: 03
TOTAL STATIONS: 000
RENAL NETWORK: 04
PHONE: (717)264-6171

CROZER CHESTER MEDICAL CENTER
15TH ST AND UPLAND AVE
CHESTER, PA 19013
PROVIDER NO: 390180

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 030177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00362
CROSS-REFIN NO: 392331

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 04
PHONE: (215)447-2000

GEISINGER MEDICAL CTR
NORTH ACADEMY AVENUE
DANVILLE, PA 17822
PROVIDER NO: 390006

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 032081
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFIN NO: 392300

HCFA REGION: 03
TOTAL STATIONS: 015
RENAL NETWORK: 04
PHONE: (717)271-8211

BELMONT COURT DIALYSIS CENTER INC
252 BELMONT AVE
DOYLESTOWN, PA 18901
PROVIDER NO: 392545

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 070185
OWNERSHIP: PROFIT
INTERMEDIARY: 51630
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 04
PHONE: (215)340-7333

DELAWARE CO MEM HOSP
LANSDOWNE & KEYSTONE AVES
DREXEL HILL, PA 19026
PROVIDER NO: 390081

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 010184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51390
CROSS-REFIN NO: 392376

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE: (215)259-3000

DELCO DIALYSIS UNIT
501 N LANSDOWNE AVE
DREXEL HILL, PA 19026
PROVIDER NO: 392551

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 070887
OWNERSHIP: PROFIT
INTERMEDIARY: 51390
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE: (215)284-4483

COMMUNITY DIALYSIS SERVICE OF DUBOIS
MAPLE AVENUE HOSPITAL
DU BOIS, PA 15801
PROVIDER NO: 392526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 092480
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 04
PHONE: (814)375-0644

BMA OF EAST STROUDSBURG INC
285 PROSPECT ST
EAST STROUDSBURG, PA 18301
PROVIDER NO: 392547

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 073185
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFIN NO:

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 04
PHONE: (717)476-1606

DMA OF EASTON
5501 NORTHWOOD AVE
EASTON, PA 18042
PROVIDER NO: 390511

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: PRDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 022
RENAL NETWORK: 04
PHONE: (215)258-4278

HAHNEMANN REGIONAL DIALYSIS CTR
201 STATE ST
ERIE, PA 16512
PROVIDER NO: 390089

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPRDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392309

HCFA REGION: 03
TOTAL STATIONS: 004
RENAL NETWORK: 04
PHONE: (814)455-6711

RENAL CARE OF ERIE INC
9924 OLD FRENCH RD-P.O. BOX 10125
ERIE, PA 16514
PROVIDER NO: 392928

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 011281
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 018
RENAL NETWORK: 04
PHONE: (814)868-5568

COMMUNITY DIALYSIS SVCS OF ERIE
1290 WEST 28TH ST
ERIE, PA 16508
PROVIDER NO: 392549

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 071184
OWNERSHIP: PRDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 016
RENAL NETWORK: 04
PHONE: (814)455-6711

DMA OF ORLEANSBURG
502 BREARER ST
ORLEANSBURG, PA 16501
PROVIDER NO: 393520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 013179
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 014
RENAL NETWORK: 04
PHONE: (412)832-8061

POLYCLINIC MEDICAL CENTER
2601 N 3RD ST
HARRISBURG, PA 17105
PROVIDER NO: 390067

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: NONPRDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392311

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE: (717)782-4141

HARRISBURG HOSP
SOUTH FRONT ST
HARRISBURG, PA 17101
PROVIDER NO: 390098

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 100482
OWNERSHIP: NONPNDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392317

HCFA REGION: 03
TOTAL STATIONS: 000
RENAL NETWORK: 04
PHONE: (717)782-3131

HAZLETON STATE GENERAL HOSP
E BROAD ST
HAZLETON, PA 18201
PROVIDER NO: 390158

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 042380
OWNERSHIP: NONPRDFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392342

HCFA REGION: 03
TOTAL STATIONS: 000
RENAL NETWORK: 04
PHONE: (717)825-9531

DMA OF HAZLETON
EAST BROAD ST
HAZLETON, PA 18201
PROVIDER NO: 393524

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 042380
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 04
PHONE: (717)454-3558

M. S. HERSHEY MEDICAL CENTER
500 UNIVERSITY DR
HERSHEY, PA 17033
PROVIDER NO: 390256

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 121680
OWNERSHIP: NONPRDFIT
INTERMEDIARY: 51390
CROSS-REFER NO:392335

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE: (717)534-6419

MERCY HOSPITAL OF JOHNSTOWN
1020 FRANKLIN ST
JOHNSTOWN, PA 15905
PROVIDER NO: 390060

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 101976
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392308

HCFA REGION: 03
TOTAL STATIONS: 018
RENAL NETWORK: 04
PHONE: (814)533-1905

STATE=PENNSYLVANIA CONTINUED

6MA OF KITTANNING INC.
ND 8 MEDICAL ARTS BLDG
KITTANNING, PA 16201
PROVIDER NO: 392554

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082280
OWNERSHIP: PROFIT
INTERMEDIARY: 00303
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE:(412)543-8151

COMMUNITY HOSPITAL OF LANCASTER
1175 CLARK ST.
LANCASTER, PA 17604
PROVIDER NO: 390068

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 5155D
CROSS-REFER NO:392317

HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 04
PHONE:(717)397-8771

LANCASTER GENERAL HOSPITAL
555 N DUKE ST
LANCASTER, PA 17603
PROVIDER NO: 390100

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 5159D
CROSS-REFER NO:392318

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE:(717)225-5611

COS OF LANDSDOWNE
211 SHADELAND AVE
LANDSDOWNE, PA 19050
PROVIDER NO: 392502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 050177
OWNERSHIP: PROFIT
INTERMEDIARY: 5135D
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE:(215)284-4000

ST MARY HOSPITAL INC
LANDHORNE-NEWTON RD
LANDHORNE, PA 19047
PROVIDER NO: 390258

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO CAPD

DATE APPROVED: 073178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00362
CROSS-REFER NO:392339

HCFA REGION: 03
TOTAL STATIONS: 015
RENAL NETWORK: 04
PHONE:(215)750-2000

DIALYSIS CORP OF HARRISBURG INC
27 MILLER ST SUITE 120
LEMOYNE, PA 17043
PROVIDER NO: 392534

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 100482
OWNERSHIP: PROFIT
INTERMEDIARY: 00303
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 04
PHONE:(717)737-7755

LEWISTON HOSP
HIGHLAND AVE
LEWISTOWN, PA 17044
PROVIDER NO: 390048

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 102381
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:392343

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE:(717)248-5411

COMMUNITY DIALYSIS SVCS OF MCKEESPORT
600 HOSPITAL WAY
MCKEESPORT, PA 15132
PROVIDER NO: 392532

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 112581
OWNERSHIP: PROFIT
INTERMEDIARY: 00303
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE:(412)676-0188

COMMUNITY DIALYSIS SERVICES
122 PARK AVE PLAZA
MEADVILLE, PA 16335
PROVIDER NO: 392537

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 051283
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE:(814)336-6044

BMA OF NEW CASTLE, INC.
1211 WILMINGTON AVE
NEW CASTLE, PA 16105
PROVIDER NO: 392552

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090187
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 04
PHONE:(412)658-1216

DIALYSIS CLINIC INC
702 FOURTH AVE
NEW KENSINGTON, PA 15068
PROVIDER NO: 392535

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 122082
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 05
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE:(412)471 0104

STATE-PENNSYLVANIA CONTINUED

DIALYSIS CENTER OF MONTGOMERY 19 W. WOODS ST. NORRISTOWN, PA 19401 PROVIDER NO: 393918	FACILITY TYPE: DIALYSIS FACILITY STAFF-ADMINTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(215)279-0776
RENAL CARE OF OIL CITY INC 100 E BISSELL AVE OIL CITY, PA 16301 PROVIDER NO: 393941	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 051984 OWNERSHIP: PROFIT INTERMEDIARY: 00383 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(814)677-7034
MT AGNES MEDICAL CENTER 1900 N BROAD ST PHILADELPHIA, PA 19149 PROVIDER NO: 390022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00382 CROSS-REFER NO:392301	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(215)339-4100
TEMPLE UNIVERSITY HOSP BROAD & ONTARIO STS PHILADELPHIA, PA 19140 PROVIDER NO: 390027	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: PERI TRAINING: PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392302	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(215)221-4798
MEDICAL COLLEGE OF PA HOSP 3300 HENRY AVE PHILADELPHIA, PA 19129 PROVIDER NO: 390046	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090488 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392344	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(215)842-7410
HAHNEMANN UNIV HOSP 230 N BROAD ST PHILADELPHIA, PA 19102 PROVIDER NO: 390081	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392308	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(215)448-7000
METROPOLITAN HOSP 301 NORTH LIGHTN ST PHILADELPHIA, PA 19106 PROVIDER NO: 390089	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392307	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(215)238-2000
HOSPITAL UNIVERSITY OF PA 3400 SPRUCE STREETS PHILADELPHIA, PA 19104 PROVIDER NO: 390111	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392319	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(215)662-4000
ALBERT EINSTEIN MEDICAL CENTER YORK AND TABOR ROADS PHILADELPHIA, PA 19141 PROVIDER NO: 390143	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00382 CROSS-REFER NO:392338	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(215)329-0700
MERCY CATHOLIC MEDICAL CTR 54TH ST & CEDAR AVE PHILADELPHIA, PA 19143 PROVIDER NO: 390156	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392324	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(215)747-7600
GRADUATE HOSPITAL 19TH & LOMBARD STS PHILADELPHIA, PA 19148 PROVIDER NO: 390170	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392328	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(215)893-2000

STATE=PENNSYLVANIA CONTINUED

THOMAS JEFFERSON UNIV HOSP 11TH & WALNUT ST PHILADELPHIA, PA 19107 PROVIDER NO: 390174	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 13390 CROSS-REFER NO:392330	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(215)928-6000
LANKENAU HOSP CITY LINE & LANCASTER AVES PHILADELPHIA, PA 19151 PROVIDER NO: 39D19S	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 111183 OWNERSHIP: NONPROFIT INTERMEDIARY: 13390 CROSS-REFER NO:392332	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(215)646-2000
BMA OF PHILADELPHIA INC 3225 ARCH STREET PHILADELPHIA, PA 19104 PROVIDER NO: 392501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 030 RENAL NETWORK: 04 PHONE:(215)662-5990
BMA OF CENTRAL PHILADELPHIA 250 NORTH 13TH ST PHILADELPHIA, PA 19107 PROVIDER NO: 392507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 029 RENAL NETWORK: 04 PHONE:(215)568-2050
BID-MED APPL OF N PHILA INC 5933-39 N BROAD ST PHILADELPHIA, PA 19141 PROVIDER NO: 392509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 025 RENAL NETWORK: 04 PHONE:(215)549-5000
BMA OF METROPOLITAN PHILA INC 201 N EIGHTH ST PHILADELPHIA, PA 19106 PROVIDER NO: 392510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(215)925-4441
CDS OF WEST PHILADELPHIA 5536 UPLAND STREET PHILADELPHIA, PA 19142 PROVIDER NO: 392513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:(215)724-2552
CDS OF ROXBOROUGH 540 DREEN LANE PHILADELPHIA, PA 19128 PROVIDER NO: 392516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(215)487-1868
UNIV OF PA OUTPATIENT DIALYSIS 133 S 36 ST PHILADELPHIA, PA 19104 PROVIDER NO: 392521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 063079 OWNERSHIP: NONPROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(215)387-0500
CHESTNUT HILL DIALYSIS CTR LTD 86 BETHLEHEM PIKE PHILADELPHIA, PA 19118 PROVIDER NO: 392527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090880 OWNERSHIP: PROFIT INTERMEDIARY: 13390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(215)247-3930
TEMPLE UNIV OUT-PT DIALYSIS UNIT 3400 N BROAD ST PHILADELPHIA, PA 19140 PROVIDER NO: 39253D	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(215)221-4477

FRANKLIN DIALYSIS CTRR INC
700 SPRUCE ST 9401
PHILADELPHIA, PA 19107
PROVIDER NO: 392A01

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CAPD CCPD

DATE APPROVED: 030181
OWNERSHIP: PROFIT
INTERMEDIARY: 51330
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 04
PHONE:(215)923-5651

DNA OF N E PHILADELPHIA
7140 FRANKFORD AVE
PHILADELPHIA, PA 19135
PROVIDER NO: 392A90

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 121481
OWNERSHIP: PROFIT
INTERMEDIARY: 00862
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 029
RENAL NETWORK: 04
PHONE:(215)335-1000

CDS OF PHILADELPHIA
701 COOPER GREEN PARKWAY
PHILADELPHIA, PA 19140
PROVIDER NO: 392R06

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 070183
OWNERSHIP: PROFIT
INTERMEDIARY: 00362
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 04
PHONE:(215)748-9550

DIALYSIS FAC OF GRADUATE MED ASSOC
1 GRADUATE PLAZA 7TH
PHILADELPHIA, PA 19140
PROVIDER NO: 392B0N

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 070183
OWNERSHIP: NONPROFIT
INTERMEDIARY: 51330
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 014
RENAL NETWORK: 04
PHONE:(215)893-2410

MAIN LINE DIALYSIS SERVICES LTD
CITY LINE & LANCASTER AVES
PHILADELPHIA, PA 19131
PROVIDER NO: 392B09

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 111783
OWNERSHIP: PROFIT
INTERMEDIARY: 51390
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE:(215)645-2299

DNA OF FAIRMOUNT INC
2901 PENNSYLVANIA AVE
PHILADELPHIA, PA 19130
PROVIDER NO: 392B40

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 042384
OWNERSHIP: PROFIT
INTERMEDIARY: 51390
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE:(215)751-0233

DI CHRISTOPHERR HOSP FOR CHILDREN
3TH & LEHIGH AVE
PHILADELPHIA, PA 19133
PROVIDER NO: 393301

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 070184
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00862
CROSS-REFER NO:392336

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE:(215)427-5000

DIALYSIS CLINIC OF MED COLLEGE OF PA
3000 HENRY AVE
PHILADELPHIA, PA 19129
PROVIDER NO: 393A4W

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 030486
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00362
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE:(215)842-6988

9L PHILADELPHIA KIDNEY CTR
31W AKORN RI
PHILADELPHIA, PA 19111
PROVIDER NO: 393555

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080188
OWNERSHIP: PROFIT
INTERMEDIARY: 00362
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 04
PHONE:(215)745-4859

DNA C/O WESTERN PA HOSPITAL
4800 FRIENDSHIP AVE
PITTSBURG, PA 15224
PROVIDER NO: 393542

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 040184
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 017
RENAL NETWORK: 04
PHONE:(412)578-5386

ST FRANCIS GENERAL HOSPITAL
PENN AVE & 45TH STREET
PITTSBURGH, PA 15201
PROVIDER NO: 39DD29

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00365
CROSS-REFER NO:392309

HCFA REGION: 03
TOTAL STATIONS: 004
RENAL NETWORK: 04
PHONE:(412)622-4212

ALLEGHENY GENERAL HOSP 320 E NORTH AVE PITTSBURGH, PA 15212 PROVIDER NO: 390050	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 120580 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392305	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(412)359-4245
VETERANS ADMIN MEDICAL CTR UNIVERSITY DR 'C' PITTSBURGH, PA 15240 PROVIDER NO: 39012F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:392321	HCFA REGION: 03 TOTAL STATIONS: 014 RENAL NETWORK: 04 PHONE:(412)683-3000
PRESBYTERIAN-UNIVERSITY HOSP DESOTO @ O'HARA STREETS PITTSBURGH, PA 15213 PROVIDER NO: 390164	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392327	HCFA REGION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 04 PHONE:(412)647-3000
BMA OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224 PROVIDER NO: 392503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(412)683-8014
BMA OF SOUTH HILLS INC 799 CASTLE SHANNON BLVD PITTSBURGH, PA 15234 PROVIDER NO: 392544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 091984 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 04 PHONE:(412)571-9200
DOOO SAMARITAN HOSPITAL E NORWEGIAN & TREMONT STS POTTSVILLE, PA 17901 PROVIDER NO: 390031	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:582345	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 04 PHONE:(717)621-4000
BMA OF POTTSVILLE 106 S CLAUDE A LORD BLVD POTTSVILLE, PA 17901 PROVIDER NO: 392518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 082077 OWNERSHIP: PROFIT INTERMEDIARY: 00365 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(717)620-3539
QUAKERTOWN COMMUNITY HOSPITAL 11TH ST AND PARK AVE QUAKERTOWN, PA 18951 PROVIDER NO: 390035	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(215)536-2400
ST JOSEPH HOSP 12TH & WALNUT STS READING, PA 19603 PROVIDER NO: 390158	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 070177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00361 CROSS-REFER NO:592326	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 04 PHONE:(215)378-2140
ROBERT PACKER HOSP GUTHRIE SQUARE SAYRE, PA 18840 PROVIDER NO: 390079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 040478 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:592341	HCFA REGION: 03 TOTAL STATIONS: 005 RENAL NETWORK: 04 PHONE:(717)888-6666
MOSES TAYLOR HOSPITAL 700 QUINCY AVENUE SCRANTON, PA 18510 PROVIDER NO: 390119	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:592320	HCFA REGION: 03 TOTAL STATIONS: 036 RENAL NETWORK: 04 PHONE:(717)346-3801

PHYSICIANS DIALYSIS CENTER, INC
905 E STATE ST
SHARON, PA 16146
PROVIDER NO: 393049

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081685
OWNERSHIP: PROFIT
INTERMEDIARY: 00383
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 04
PHONE: (412)347-0700

CENTRE COM HOSP-MOUNTAINVIEW
1800 E PARK AVE
STATE COLLEGE, PA 16801
PROVIDER NO: 390288

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 070179
OWNERSHIP: PROFIT
INTERMEDIARY: 00361
CROSS-REFER NO: 392337

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE: (814)234-6129

UNIONTOWN DIALYSIS CENTER
104 DELAWARE AVE, SUITE 100
UNIONTOWN, PA 15401
PROVIDER NO: 393588

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 090367
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00366
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 04
PHONE: (412)439-3320

DNA OF SOUTHWESTERN PA INC
90 W CHESTNUT ST
WASHINGTON, PA 15301
PROVIDER NO: 393519

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090977
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 04
PHONE: (412)228-7222

ALLEGHENY KIDNEY TREATMENT CTR
11818 PINEY HOWY WEXFORD PROF
WEXFORD, PA 15090
PROVIDER NO: 393500

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081586
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 04
PHONE: (412)935-3200

WILKES-BARRE GENERAL HOSP
R RIVER & AUBURN STS
WILKES BARRE, PA 18764
PROVIDER NO: 390094

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO: 392310

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 04
PHONE: (717)829-8111

DNA OF WILKES-BARRE
59-59 WIRT LINDEN ST
WILKES-BARRE, PA 18702
PROVIDER NO: 392512

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 04
PHONE: (717)825-9531

FRANCIS V CORTELLO DIALYSIS CTR
1100 CHAMPIAN BLVD
WILLIAMSPORT, PA 17701
PROVIDER NO: 390078

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00363
CROSS-REFER NO: 392314

HCFA REGION: 03
TOTAL STATIONS: 015
RENAL NETWORK: 04
PHONE: (717)326-8176

KIDNEY CTR OF CHESTER CO LTD
194 B FAIRVIEW RD
WOODLAND, PA 19094
PROVIDER NO: 392522

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090579
OWNERSHIP: PROFIT
INTERMEDIARY: 00382
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 04
PHONE: (215)833-1343

KIDNEY CTR OF DELAWARE CO LTD
194-B FAIRVIEW RD
WOODLYN, PA 19094
PROVIDER NO: 392508

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00362
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 026
RENAL NETWORK: 04
PHONE: (215)833-1343

PA DIALYSIS CLINIC OF READING
625 SPRING ST
WYOMISSING, PA 19610
PROVIDER NO: 392549

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 012887
OWNERSHIP: PROFIT
INTERMEDIARY: 00363
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 04
PHONE: (215)375-1215

STATE=PENNSYLVANIA CONTINUED

YORK HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1001 SOUTH GEORGE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
YORK, PA 17405	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 04
PROVIDER NO: 390046	TRAINING: HEMO PERI CAPD CCPD	CROSS-WIFER NO:392304	PHONE:(717)771-2345

CENTRO RENAL DE ARECIBO RMA
CARR RD 2 KM 78.7
ARECIBO, PR 00612
PROVIDER NO: 402200

FACILITY TYPE: DIALYSIS FACILITY
NTAFF-ANNINTED: HEMO PERI
NELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 080387
OWNERSHIP: PROFIT
INTERMEDIARY: 57400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 022
RENAL NETWORK: 02
PHONE:(80N)878-5956

RMA OF MAYAMON
P.O. BOX 2830
MAYAMON, PR 00621
PROVIDER NO: 402804

FACILITY TYPE: DIALYSIS FACILITY
NTAFF-ANNINTED: HEMO
NELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 081278
OWNERSHIP: PROFIT
INTERMEDIARY: S7400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 027
RENAL NETWORK: 03
PHONE:(80N)787-9352

RMA OF CAGUAS
P.O. BOX 8828
CAGUAS, PR 00626
PROVIDER NO: 402802

FACILITY TYPE: DIALYSIS FACILITY
NTAFF-ASSISTED: HEMO
NELF-CARE: HEMO
TRAINING:

DATE APPROVED: 051882
OWNERSHIP: PROFIT
INTERMEDIARY: 57400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 029
RENAL NETWORK: 03
PHONE:(808)743-1334

CENTRO RENAL DE CAROLINA
PLAZA CAROLINA MALL STONE 228
CAROLINA, PR 00HNO
PROVIDER NO: 402807

FACILITY TYPE: DIALYSIS FACILITY
NTAFF-ASNINTED: HEMO
NELF-CARE:
TRAINING:

DATE APPROVED: 050384
OWNERSHIP: PROFIT
INTERMEDIARY: S7400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 022
RENAL NETWORK: 03
PHONE:(809)757-8640

RMA OF GUAYAMA
AVENIDA LOS VETERANOS #6 RUTA 4
GUAYAMA, PR 00654
PROVIDER NO: 402206

FACILITY TYPE: DIALYSIS FACILITY
NTAFF-ANNINTED: HEMO
SELF-CARE: HEMO
TRAINING: CAPD

DATE APPROVED: 120987
OWNERSHIP: PROFIT
INTERMEDIARY: S7400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONN: 012
RENAL NETWORK: 03
PHONE:(80N)864-4288

AUXILIO MUTUO HOSP
PONCE DE LEON AVENUE
HATO REY, PR 00618
PROVIDER NO: 400018

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
NTAFF-ASSINTED: HEMO
NELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 040483
OWNERSHIP: NONPROFIT
INTERMEDIARY: S7400
CROSS-REFER NO:402301

HCFA REGION: 02
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE:(809)753-9292

BIOMEDICAL APPLICATIONN OF SAN JUAN
205 OUANTE N1, N FLOOR
HATO NIY, PR 00618
PROVIDER NO: 402801

FACILITY TYPE: DIALYSIN FACILITY
NTAFF-ASSISTED: HEMO
NELF-CARE: HEMO
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 57400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 027
RENAL NETWORK: 03
PHONE:(809)764-5540

HONPITAL OOCTORN CTR INC-ESRO
CARR ESTATAL RUMERO 2 KM. 47.7
MANATI, PR 00701
PROVIDER NO: 40011N

FACILITY TYPE: DIALYSIS CENTER
NTAFF-ASSINTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090688
OWNERSHIP: PROFIT
INTERMEDIARY: 57400
CROSS-REFER NO:402309

HCFA REGION: 02
TOTAL NTATIONS: 002
RENAL NETWORK: 03
PHONE:(809)854-3322

MAYAQUEZ MED CTR
P O BOX 1908
MAYAQUEZ, PR 0070N
PROVIDER NO: 400102

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: HN990
CROSS-REFER NO:402305

HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 03
PHONE:(809)832-8686

BIOMEDICAL APPLICATIONN OF MAYAQUEZ
CARR #2 KM 150.7
MAYAQUEZ, PR 0070N
PROVIDER NO: 402500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSINTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 020177
OWNERSHIP: PROFIT
INTERMEDIARY: 57400
CROSS-REFER NO:

HCFA REGION: 02
TOTAL STATIONS: 036
RENAL NETWORK: 03
PHONE:(809)834-8686

SANTO ASILO DE DAMAS HOSP
PONCE BY PASS
PONCE, PR 00731
PROVIDER NO: 400022

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 090177
OWNERSHIP: NONPROFIT
INTERMEDIARY: S7400
CROSN-REFEN NO:402302

HCFA REGION: 02
TOTAL STATIONS: 004
RENAL NETWORK: 05
PHONE:(809)843-5151

STATE=PUERTO RICO CONTINUED

PONCE REGIONAL HOSPITAL RENAL DIALYSIS BARRIO MACHUELO, ROAD 14 PONCE, PR 00731 PROVIDER NO: 40D044	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402304	HCFA REGION: 02 TOTAL STATIONS: 001 RENAL NETWORK: 03 PHONE:(809)844-2080
BID-MEDICAL APPL OF PONCE INC ESTRELL #6D PO BOX 1990 PONCE, PR 00731 PROVIDER NO: 4D2502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 031 RENAL NETWORK: 03 PHONE:(809)844-6050
CENTRO NEFROLOGICO DEL SUR BO MACHUELO CARR 14 KM 4 2 PONCE, PR 00731 PROVIDER NO: 4D251O	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 092980 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 007 RENAL NETWORK: 03 PHONE:(809)844-2080
VA NDSP BARRIO MONACILLOS RIO PIEDRAS, PR 00936 PROVIDER NO: 40003F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 022585 OWNERSHIP: NONPROFIT INTERMEDIARY: 00000 CROSS-REFER NO:402309	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 03 PHONE:(809)758-7575
UNIVERSITY DISTRICT HOSPITAL PUERTO RICO MEDICAL CENTER RIO PIEDRAS, PR 00935 PROVIDER NO: 40D06I	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402305	HCFA REGION: 02 TOTAL STATIONS: 031 RENAL NETWORK: 03 PHONE:(809)754-3639
HOSPITAL DELA CONCEPCION 41 LUNA STREET SAN GERMAN, PR 00753 PROVIDER NO: 40002I	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090283 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:402306	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 03 PHONE:(809)892-1660
BMA OF SAN GERMAN 41 LUNA STREET, APARTADO 285 SAN GERMAN, PR 00753 PROVIDER NO: 4D250G	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090289 OWNERSHIP: PROFIT INTERMEDIARY: 57400 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(809)892-4660

STATE-RHODE IRLARD

ARTIFICIAL KIDNEY CTR OF RHDOE ISLARD S3B-520 WATERMAR AVE EART PROVIDERCE, RI D2814 PROVIDER RO: 4123DD	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAIRIRO: HEMO PERI CAPD	OATE APPROVED: D83D77 OWRERSHIP: PRDFIT ISTERMEOIARY: 00370 CROSS-REFER $O:	HCFA REOIOS: 01 TOTAL STATIOSS: 050 RESAL NETWOSS: 01 PHONE:(401)436-5950
RHODE IRLARD HOSPITAL S93 EDDY RI PROVIDERCE, RI 02902 PROVIDER RO: 41D0DT	FACILITY TYPE: DIALYSIR CERTER STAFF-ASSISTED: HEMO SILF-CARE: TRAIRIRO: HEMO PERI CAPD CCPO	OATE APPROVEO: D83177 OWSERSHIP: $ORPROFIT ISTERMEDIARY: DO37D CROSS-REFER RD:4123DO	HCFA REOIOS: 01 TOTAL STATIOSS: 009 RESAL NETWORR: 01 PHOSE:(40I)277-5252
MIRIAM HORPITAL 194 SUMMIT AVE PROVIDERCI, RI D2808 PROVIDIR RD: 41D012	FACILITY TYPE: OIALYSIS CERTER STAFF-ASSISTED: HEMO RELF-CARE: TRAIRIRD:	DATE APPROVEO: 083177 OWSERSHIP: NOSPROFIT ISTERMEDIARY: OD370 CROSS-REFER $O:4123D1	HCFA REOIOS: 01 TOTAL STATIOSS: 0D4 RESAL NETWORR: 01 PHOSE:(4D1)331-8500
RHODI ISLARD RIRAL IRSTITUTE IRC 2798 PORT RD WARWICR, RI 02886 PROVIDER RD: 4125D1	FACILITY TYPE: DIALYSIS FACILITY STAIF-ASSISTED: HEMO SELF-CARE: HEMO TRAIRIRD: HEMO CAPO	OATE APPROVED: 08D977 OWRERSHIP: PROFIT INTERMEOIARY: 00370 CROSS-REFER $O:	HCFA REOIOS: 01 TOTAL STATIOSS: D17 RERAL SETWORR: 01 PHORE:(401)738-4D50
RHODE IRLARD RERAL IRSTITUTE ORI WEST DRIVE WERIRLY, RI 02881 PROVIDER RD: 4125D2	FACILITY TYPE: OIALYSIS FACILITY STAIF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAIRIRO: HEMO PERI CAPO	OATE APPROVEO: II198D OWRERSHIP: $OSPROFIT IRTERMEOIARY: DO370 CROSS-REFER $O:	HCFA REOIOS: DI TOTAL STATIOSS: D12 RERAL SETWORK: DI PHORE:(401)596-D368
ARTIFICIAL KIDRIY CTR OF WOORSDCKET 2100 DIAMOND HILL RD WOORSOCKET, RI 02885 PRDVIDIR $D: 4125D3	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: HEMO TRAIRIRO: HEMO	DATE APPROVEO: 04I485 OWRERSHIP: PROFIT ISTERMEDIARY: DO370 CROSS-REFER $O:	HCFA REOIOS: DI TOTAL STATIOSS: DII RESAL SETWORK: 01 PHOSE:(4D1)436-5930

STATE=SOUTH CAROLINA

SPOONEN DIALYSIS CENTER 681 SILVER BLUFF RD, SUITE C AIKEN, SC 29801 PROVIDER NO: 422512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070780 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFIN NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE: (803)649-5377
ANDERSON DIALYSIS CLINIC INC 419 E CALHOUN ST ANDERSON, SC 29621 PROVIDER NO: 422509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 06 PHONE: (803)224-1678
COMMUNITY DIALYSIS SVCS OF BAMBERG P.O. BOX 417 BAMBERG, SC 29003 PROVIDER NO: 422534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041588 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (803)245-5166
BARNWELL DIALYSIS FACILITY 2509 REYNOLDS RD BARNWELL, SC 29812 PROVIDER NO: 422525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121086 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (803)259-5805
LOW COUNTRY DIALYSIS FACILITY 215 S RIBAUT RD BEAUFORT, SC 29902 PROVIDER NO: 422514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 012081 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 06 PHONE: (803)524-2378
BENNETTSVILLE DIALYSIS CTR 301 EAST MAIN ST BENNETTSVILLE, SC 29512 PROVIDER NO: 422520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 091683 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE: (803)479-3817
BMA OF CAMDEN INC 1111 BROAD ST, SUITE 300 CAMDEN, SC 29020 PROVIDER NO: 422509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050180 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE: (803)432-1408
MUSC HEMO & TRANSPLANT PROGRAM 171 ASHLEY AVE CHARLESTON, SC 29425 PROVIDER NO: 420004	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO: 422300	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (803)792-5341
DIALYSIS CLINIC INC 292 MEETING ST CHARLESTON, SC 29401 PROVIDER NO: 422502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 06 PHONE: (803)723-7201
DCI-WEST OF THE ASHLEY 468 MARKFIELD RD CHARLESTON, SC 29407 PROVIDER NO: 422513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 112280 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 023 RENAL NETWORK: 06 PHONE: (803)766-2317
TRIDENT KIDNEY CENTER-BAKER 2741 SPEISSEGGER DR CHARLESTON, SC 29405 PROVIDER NO: 422523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061086 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (803)572-1660

STATE-SOUTH CAROLINA CONTINUED

TRIDENT KIDNEY CENTER
930R MEDICAL PLAZA DR
CHARLESTON HEIGHTS, SC 29418
PROVIDER NO: 422818

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 111682
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 08
PHONE: (803)572-1660

DMA OF CHESTER
102 CENTRIAN SQUARE
CHESTER, SC 29706
PROVIDER NO: 422818

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 062983
OWNERSHIP: PROFIT
INTERMEDIARY: 00580
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (803)377-8121

RICHLAND MEMORIAL HOSP-
3801 HARDEN ST EXT
COLUMBIA, SC 29202
PROVIDER NO: 420010

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 090178
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00380
CROSS-REFER NO: 422302

HCFA REGION: 04
TOTAL STATIONS: 000
RENAL NETWORK: 06
PHONE: (803)765-6230

DMA OF COLUMBIA
2 MEDICAL PARK, SUITE 210
COLUMBIA, SC 29208
PROVIDER NO: 422804

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI

DATE APPROVED: 090178
OWNERSHIP: PROFIT
INTERMEDIARY: 00580
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 026
RENAL NETWORK: 06
PHONE: (803)776-7511

COMMUNITY DIALYSIS-COLUMBIA
919 BULL ST
COLUMBIA, SC 29201
PROVIDER NO: 422828

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 031387
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (803)779-2001

DARLINGTON DIALYSIS CENTER
105 RALEERY LOOP
DARLINGTON, SC 29532
PROVIDER NO: 422850

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 051987
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 06
PHONE: (803)393-1802

DILLON DIALYSIS CTR
P.O. BOX 870
DILLON, SC 29536
PROVIDER NO: 422852

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 110687
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 06
PHONE: (803)774-3687

EARLEY DIALYSIS CENTER
109 WHITMIRE RD
EARLEY, SC 29340
PROVIDER NO: 422846

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 110288
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 06
PHONE: (803)655-5208

FLORENCE DIALYSIS CLINIC
257 SOUTH WANLEY STREET
FLORENCE, SC 29501
PROVIDER NO: 425505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 080176
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 028
RENAL NETWORK: 06
PHONE: (803)669-0825

DMA OF GEORGETOWN
722 R. FRASER
GEORGETOWN, SC 29440
PROVIDER NO: 482818

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 052083
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 06
PHONE: (803)527-5431

GIO MED APPLICATIONS OF GREENVILLE INC
1009 GROVE RD
GREENVILLE, SC 29605
PROVIDER NO: 422805

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 090178
OWNERSHIP: PROFIT
INTERMEDIARY: 00380
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 018
RENAL NETWORK: 08
PHONE: (803)242-0802

STATE=SOUTH CAROLINA CONTINUED

UPSTATE DIALYSIS CENTER INC
1 ST FRANCIS DR
GREENVILLE, SC 29601
PROVIDER NO: 422540

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME PERI
SELF-CARE:
TRAINING: HOME PERI

DATE APPROVED: 100788
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 08
PHONE: (600)242-6148

CDS OF GREENWOOD
1020B SPRING STREET
GREENWOOD, SC 29646
PROVIDER NO: 422515

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 052081
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (803)227-6011

GREER KIDNEY CENTER INC
211 VILLAGE DR
GREER, SC 29651
PROVIDER NO: 422539

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 101388
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (803)877-8005

KINGSTREE DIALYSIS CENTER
RT 4 BOX 350 A
KINGSTREE, SC 29556
PROVIDER NO: 422521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 111388
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (803)382-8701

LORIS DIALYSIS CTR
3620 RAILROAD AVE
LORIS, SC 29569
PROVIDER NO: 422535

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 061088
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE: (803)756-0300

MANNING DIALYSIS CENTER
122 N BROOKS ST
MANNING, SC 29102
PROVIDER NO: 422537

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 050888
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 08
PHONE: (008)485-4420

MONCKS CORNER KIDNEY CTR
219 HWY 52-N SUITE J-N,TOWNE POINTE
MONCKS CORNER, SC 29461
PROVIDER NO: 422533

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 113087
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (803)899-4135

EAST COOPER KIDNEY CENTER
1136 BOWMAN RD
MT PLEASANT, SC 29464
PROVIDER NO: 422526

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 102886
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (008)884-1848

DIALYSIS CLINIC, EAST OF THE COOPER
1092A HIGHWAY 17 BYPASS
MT PLEASANT, SC 29464
PROVIDER NO: 422527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 011487
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00000
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (803)881-0344

MYRTLE BEACH DIALYSIS CENTER
7800 HIGHS HIGHWAY N.
MYRTLE BEACH, SC 29577
PROVIDER NO: 422507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 061379
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 08
PHONE: (803)449-8400

NEWBERRY DIALYSIS CENTER
2041 MEDICAL PARK DR
NEWBERRY, SC 29108
PROVIDER NO: 422531

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HOME
SELF-CARE:
TRAINING:

DATE APPROVED: 091787
OWNERSHIP: PROFIT
INTERMEDIARY: 00300
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 08
PHONE: (803)276-2860

STATE-SOUTH CAROLINA CONTINUED

DIALYSIS CLINICS AZALEA PLACE 2842 AZALEA DR NORTH CHARLESTON, SC 29405 PROVIDER NO: 422524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 07D385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (803) 554-1345
COMMUNITY DIALYSIS SERVICE 5091 ST. MATTHEWS RD ORANGEBURG, SC 29115 PROVIDER NO: 422508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 12D379 OWNERSHIP: PRDFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE: (803) 555-1550
ROCK HILL DIALYSIS CENTER 2115 EDINGER RD ROCK HILL, SC 29730 PROVIDER NO: 422550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092088 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (803) 527-5880
OCONEE DIALYSIS CLINIC INC 609 S OAK ST SENECA, SC 29678 PROVIDER NO: 422555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081088 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 002 RENAL NETWORK: 06 PHONE: (803) 885-0273
DIALYSIS CLINICS INC. 205 FREEMONT AVE SPARTANBURG, SC 29303 PROVIDER NO: 422511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 027 RENAL NETWORK: 06 PHONE: (803) 585-2048
DIALYSIS CLINICS EAST SPARTANBURG 155 DILLON DR SPARTANBURG, SC 29302 PROVIDER NO: 422822	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122085 OWNERSHIP: NONPROFIT INTERMEDIARY: DD38D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE: (803) 585-4840
SUMTER DIALYSIS CENTER 214 HAMPTON ST SUMTER, SC 29150 PROVIDER NO: 422510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 050180 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 06 PHONE: (803) 775-1574
DIALYSIS SERVICES OF WALTERBORO 775 N JEFFRIES BLVD WALTERBORO, SC 29488 PROVIDER NO: 422528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022787 OWNERSHIP: PRDFIT INTERMEDIARY: DD38D CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE: (803) 549-6643
DMA OF LEXINGTON INC 110 B LEXINGTON MEDICAL MALL WEST COLUMBIA, SC 29169 PROVIDER NO: 422517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010783 OWNERSHIP: PROFIT INTERMEDIARY: DD580 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE: (803) 796-2170

STATE=SOUTH DAKOTA

ST LUKES HDSP (ESRD) 305 S STATE ST ABERDEEN, SD 57401 PROVIDER NO: 430014	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432302	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(605)229-3510
HURON REGIONAL MEDICAL CENTER 4TH & IOWA SE STS HURON, SD 57350 PROVIDER NO: 430011	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432301	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(605)352-6431
ST MARYS HDSP 803 EAST DAKOTA AVE PIERRE, SD 57501 PROVIDER NO: 430015	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432305	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(605)224-3100
RAPID CITY REGIONAL HDSP 353 FAIRMONT BLVD-BOX 6000 RAPID CITY, SD 57709 PROVIDER NO: 430077	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 071977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432304	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(605)341-0314
SIOUX VALLEY HDSPITAL (ESRD) 1100 SOUTH EUCLID AVE SIOUX FALLS, SD 57105 PROVIDER NO: 430027	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432303	HCFA REGION: 08 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(605)333-6351
WAGNER SATELLITE UNIT THIRD STREET P.O. BOX 280 WAGNER, SD 57380 PROVIDER NO: 433501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092887 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(605)384-3366
PRAIRIE LANES HDSPITAL-EAST 420 FOURTH STREET N E WATERTOWN, SD 57201 PROVIDER NO: 430001	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432300	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(605)886-0431
BAPTIST HDSP OF WINNER-ESRD UNIT 745 EAST 8TH ST WINNER, SD 57580 PROVIDER NO: 430043	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092388 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432307	HCFA REGION: 08 TOTAL STATIONS: 002 RENAL NETWORK: 11 PHONE:(605)842-2110
SACRED HEART HDSPITAL ESRD 501 SUMMIT YANKTON, SD 57078 PROVIDER NO: 430012	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:432306	HCFA REGION: 08 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(605)665-9371

STATE-TENNESSEE

RENAL CTR OF BRISTOL
208 MEMORIAL DR. DNS BLDG-SUITE 2A
BRISTOL, TN 37620
PROVIDER NO: 442516

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091481
OWNERSHIP: PROFIT
INTERMEDIARY: 00S50
CROSS-REFER RO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 0R
PHONE:(S15)764-S106

DIALYSIS SERVICES OF SHOWNSVILLE
1214 ANDERSON AVE
SHOWNSVILLE, TN 38012
PROVIDER NO: 442558

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 022R87
OWNERSHIP: PROFIT
INTERMEDIARY: 00S90
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 012
RENAL NETWORK: 0S
PHONE:(S01)772-2151

REGIONAL DIALYSIS CLINIC
1120 TAMBELL ST
BROWNSVILLE, TN 38012
PROVIDER NO: 442544

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 101785
OWNERSHIP: PROFIT
INTERMEDIARY: 00350
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 0S
PHONE:(S01)772-1161

ENLANGER MEDICAL CENTER
241 WHILL ST
CHATTANOOGA, TN 37403
PROVIDER NO: 440104

FACILITY TYPE: INPATIENT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 090175
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:442SO4

HCFA REGION: 04
TOTAL STATIONS: 000
RENAL NETWORK: 08
PHONE:(615)755-7563

DIALYSIS CLINIC
1424 S THIRD ST
CHATTANOOGA, TN 374D4
PROVIDER NO: 442505

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090176
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00S90
CROSS-REFER RO:

HCFA REGION: 04
TOTAL STATIONS: 022
RENAL NETWORK: 06
PHONE:(615)266-0755

DIALYSIS CLINIC INC
3946 ST ELMO AVE
CHATTANOOGA, TN 37406
PROVIDER NO: 442555

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 091488
OWNERSHIP: NONPROFIT
ISTERMEDIARY: 00S90
CROSS-REFER RO:

HCFA REGION: 04
TOTAL STATIOSS: 012
RENAL NETWORK: 08
PHONE:(S15)755-660R

CUMBERLAND DIALYSIS CENTER INC
1600 HAYNES ST
CLARKSVILLE, TN 37040
PROVIDER NO: 442518

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 080S81
OWNERSHIP: PROFIT
INTERMEDIARY: 00S90
CROSS-REFER RO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 0S
PHONE:(61S)645-1238

SEN CENTER CLARKSVILLE
261 HILLCREST DR
CLARKSVILLE, TN 37040
PROVIDER NO: 442556

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 0S286R
OWNERSHIP: PROFIT
INTERMEDIARY: 00S90
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 014
RENAL NETWORK: 06
PHONE:(S1S)845-9654

CLEVELAND DIALYSIS FACILITY INC
2050 SOUTH OCOEE STWEET
CLEVELAND, TN 37311
PAOVIDER NO: 442521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 120281
OWNERSHIP: PROFIT
INTERMEDIARY: 00S90
CHOSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 0S
PHONE:(S15)47S-5545

REN CENTER COLUMBIA
2322 NEITR DAIVE
COLUMBIA, TN 3S4D1
PROVIDER SO: 442589

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 041865
OWSENSHIP: PROFIT
INTERMEDIARY: 00S50
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIOSS: 00S
RENAL NETWORK: 0S
PHONE:(61S)S61-4466

MIDDLE TS ASI KIDNEY CTR
1705 GROVE ST
COLUMBIA, TN 3S401
PROVIDER SO: 442546

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 011287
OWSERSHIP: PROFIT
ISTERMEDIARY: 00S90
CROSS-REFER RO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 0S
PHONE:(S15)381-4218

STATE=TENNESSEE CONTINUED

REN CENTER COOKEVILLE 140 W. 7TH STREET #2 COOKEVILLE, TN 38501 PROVIDER NO: 442511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111379 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE: (615)628-7403
REN CENTER OF CROSSVILLE 110 RAYES ST,HAYES MED BLDG CROSSVILLE, TN 38555 PROVIDER NO: 442551	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 033187 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 09 PHONE: (615)484-5967
RKEA CO MEDICAL CENTER HIGHWAY 27 NORTH DAYTON, TN 37321 PROVIDER NO: 440023	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO: 442300	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 08 PHONE: (615)775-1121
DIALYSIS CLINIC INC 2828 HWY 46 DICKSON, TN 37055 PROVIDER NO: 442536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 013086 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 08 PHONE: (615)446-0111
COMMUNITY DIALYSIS SERVICES 2015 ST JOHN EXTENDED OYERSBURO, TN 38024 PROVIDER NO: 442533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 082986 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 08 PHONE: (901)285-5104
DIALYSIS CLINIC INC 6104 N MACK SMITH RD E RIDGE, TN 37412 PROVIDER NO: 442514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 06 PHONE: (615)894-5135
CENTER FOR KIDNEY DISEASE-FRANKLIN 1335 CARTERS CREEK PIKE FRANKLIN, TN 37064 PROVIDER NO: 442526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 09 PHONE: (615)790-8060
RENAL CARE OF GREENVILLE 1134 TUSCULUM BLVD GREENVILLE, TN 37743 PROVIDER NO: 442522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071282 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 06 PHONE: (615)638-1201
DIALYSIS CLINIC INC 215 NORTH 14TH ST HUMBOLDT, TN 38343 PROVIDER NO: 442532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE: (901)784-4384
REGIONAL DIALYSIS CLINIC INC 2267 EAST END DRH HUMBOLDT, TN 38343 PROVIDER NO: 442545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111486 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE: (901)784-3161
DIALYSIS CLINIC INC 31 SANDSTONE CIRCLE JACKSON, TN 38305 PROVIDER NO: 442504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090175 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 09 PHONE: (901)668-0800

STATE-TENNESSEE CONTINUED

REGIONAL DIALYSIS CLINICS INC
IN MURRAY QUARD DR
JACKSON, TN 38305
PROVIDER NO: 442650

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: D2I387
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 020
RENAL NETWORK: 09
PHONE: (901)668-5640

EAST TN DIALYSIS CENTER
107 WOODLAWN DRIVE
JOHNSON CITY, TN 37604
PROVIDER NO: 442601

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: D9D176
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 09
PHONE: (615)282-8412

KINGSPORT DIALYSIS CENTER
2812 JOHN B DENNIS BYPASS
KINGSPORT, TN 37660
PROVIDER NO: 442612

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: D2D18D
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (615)288-7711

DIALYSIS CLINIC INC
3731 MARTIN MILL PIKE
KNOXVILLE, TN 37220
PROVIDER NO: 442503

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: D9D176
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 028
RENAL NETWORK: 08
PHONE: (615)573-2944

KNOXVILLE DIALYSIS CENTER
10001 KINGSTON PIKE, BOX 12A
KNOXVILLE, TN 37922
PROVIDER NO: 442626

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D22884
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE: (615)693-9529

NORTH KNOXVILLE DIALYSIS CTR INC
4440 WALKER BLVD-P.O. BOX 5831
KNOXVILLE, TN 37928
PROVIDER NO: 442627

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 1D1D84
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (615)687-2431

UNIV OF TENNESSEE TRANSPLANT PROGRAM
1924 ALCOA HIGHWAY
KNOXVILLE, TN 37920
PROVIDER NO: 440018

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 123184
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO: 4423D9

HCFA REGION: 04
TOTAL STATIONS: 000
RENAL NETWORK: 09
PHONE: (615)971-3011

EAST KNOXVILLE DIALYSIS CENTER
3717 MAGNOLIA AVE
KNOXVILLE, TN 37917
PROVIDER NO: 442520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: D42685
OWNERSHIP: NONPROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 015
RENAL NETWORK: 08
PHONE: (615)544-D062

DIALYSIS ASSOC WEST INC
11208 STATION W
KNOXVILLE, TN 37922
PROVIDER NO: 442552

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D91487
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (615)9DD-5100

LAFOLLETTE DIALYSIS CENTER
P.O. BOX 58211
KNOXVILLEE, TN 37928
PROVIDER NO: 442527

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D22488
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 008
RENAL NETWORK: 08
PHONE: (615)562-2084

CENTER FOR KIDNEY DISEASES
301 E HIGH ST
LEBANON, TN 37087
PROVIDER NO: 442529

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: D41885
OWNERSHIP: PROFIT
INTERMEDIARY: DD39D
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: D05
RENAL NETWORK: 07
PHONE: (615)449-3117

STATE=TENNESSEE CONTINUED

DIALYSIS CLINIC INC
605 WEST DUE WEST AVE
MADISON, TN 37115
PROVIDER NO: 442507

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 090179
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 022
RENAL NETWORK: 08
PHONE: (615)865-7310

DIALYSIS CLINIC INC
1120 W. BROADWAY AVE.
MARYVILLE, TN 37801
PROVIDER NO: 442531

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 050809
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 006
RENAL NETWORK: 08
PHONE: (615)983-2212

BAPTIST MEM HOSP
1025 CRUMP BOULEVARD
MEMPHIS, TN 38104
PROVIDER NO: 440048

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 090179
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO: 442302

HCFA REGION: 04
TOTAL STATIONS: 039
RENAL NETWORK: 08
PHONE: (901)522-8616

UNIV OF TN HOSP-DEPT OF SURGERY
956 COURT, COLEMAN BLDG.
MEMPHIS, TN 38163
PROVIDER NO: 440166

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 081580
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO: 442309

HCFA REGION: 04
TOTAL STATIONS: 000
RENAL NETWORK: 08
PHONE: (901)528-5104

UNIVERSITY PHYSICIANS DIALYSIS CTR
66 N PAULINE SUITE 233
MEMPHIS, TN 38105
PROVIDER NO: 442523

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 110183
OWNERSHIP: PROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 033
RENAL NETWORK: 08
PHONE: (901)577-4191

EAST MEMPHIS KIDNEY CLINIC INC.
6005 PARK, SUITE 1278
MEMPHIS, TN 38119
PROVIDER NO: 442524

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 020984
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 08
PHONE: (901)799-2000

LE BONHEUR CHILDRENS HOSP
848 ADAMS AVE
MEMPHIS, TN 38103
PROVIDER NO: 443301

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI CCPD

DATE APPROVED: 091584
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO: 442307

HCFA REGION: 04
TOTAL STATIONS: 004
RENAL NETWORK: 08
PHONE: (901)522-9005

METHODIST HOSP OF MIDDLE TN
1265 UNION AVE
MEMPHIS, TN 38104
PROVIDER NO: 440058

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 100187
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO: 442508

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (901)729-8608

MORRISTOWN DIALYSIS CENTER
848 W FOURTH NORTH ST
MORRISTOWN, TN 37814
PROVIDER NO: 442517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080601
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 010
RENAL NETWORK: 08
PHONE: (615)587-3937

DIALYSIS CLINIC INC
1024 N HIGHLAND AVE
MURFREESBORO, TN 37130
PROVIDER NO: 442528

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 110784
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 009
RENAL NETWORK: 08
PHONE: (615)890-7741

REN CENTER
1346 DOW ST
MURFREESBORO, TN 37130
PROVIDER NO: 442549

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: PERI

DATE APPROVED: 011487
OWNERSHIP: PROFIT
INTERMEDIARY: 00390
CROSS-REFER NO:

HCFA REGION: 04
TOTAL STATIONS: 013
RENAL NETWORK: 08
PHONE: (615)890-7270

VANDERBILT UNIV HOSP- N-2214 MEDICAL CENTER NORTH NASHVILLE, TN 37232 PROVIDER NO: 44D088	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00360 CROSS-REFER NO:442301	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 08 PHONE:(615)322-2415
DIALYSIS CLINIC INC 1800 HAYES STREET NASHVILLE, TN 37206 PROVIDER NO: 442802	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00360 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 066 RENAL NETWORK: 0N PHONE:(615)327-3984
NEW CENTER WHITE BRIDGE 1015 WHITE BRIDGE ROAD NASHVILLE, TN 37205 PROVIDER NO: 442840	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 051886 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 05 PHONE:(615)352-5535
DIALYSIS CLINIC INC 417 HARDING INDUSTRIAL DR BLDG NASHVILLE, TN 37211 PROVIDER NO: 442841	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 062486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(615)832-0781
CENTER FOR KIDNEY DISEASES 1616 CHARLOTTE AVE NASHVILLE, TN 37203 PROVIDER NO: 442847	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020387 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 08 PHONE:(615)329-0969
DIALYSIS SERVICES OF NO NASHVILLE 6225 CLARKSVILLE HIGHWAY NASHVILLE, TN 37218 PROVIDER NO: 442852	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 042987 OWNERSHIP: PROFIT IRTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(615)254-4114
DIALYSIS CLINIC OF OAK RIDGE RHH OAK RIDGE INPA,PHYSICIANS PL OAK RIDGE, TN 37660 PROVIDER NO: 442815	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 071880 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 08 PHONE:(615)482-T65D
DIALYSIS CLINIC INC 210W 12TH ST SOUTH PITTSBURG, TN 37380 PROVIDER NO: 442848	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020687 OWNERSHIP: NONPROFIT INTERMEDIARY: 00360 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 06 PHONE:(615)837-3781
NEW CENTER-TULLAHOMA 605 LANEWAY PLACE TULLAHOMA, TN 37388 PROVIDER NO: 442554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 122287 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 08 PHONE:(615)454-1077

STATE=TEXAS

ABILENE AREA DIALYSIS CENTER 1802 PINE STREET ABILENE, TX 79601 PROVIDER NO: 452511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE: (915)672-3243
SOUTH TEXAS KIDNEY CENTER 1220 N TEXAS BLVD SUITE S ALICE, TX 78332 PROVIDER NO: 452537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAININO:	DATE APPROVED: 102880 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE: (512)664-1726
ST ANTHONY'S HOSP ESRD CENTER 200 NW 7TH ST AMARILLO, TX 79107 PROVIDER NO: 450231	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 080176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CHDSS-REFER NO: 452340	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 14 PHONE: (806)376-4411
HIGH PLAINS DIALYSIS CENTER 5920 AMARILLO BLVD WEST AMARILLO, TX 79106 PROVIDER NO: 452513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE: (806)355-9101
ANGLETON DANBURY DIALYSIS CLINIC 135 HOSPITAL DR ANGLETON, TX 77515 PROVIDER NO: 452549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPROVED: 100182 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (409)848-7721
COMMUNITY DIALYSIS SVCS 201 W RANDDL MILL RD ARLINGTON, TX 76012 PROVIDER NO: 452580	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININO: HEMO CAPD	DATE APPROVED: 062006 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE: (817)277-1941
SOUTH ARLINGTON DIALYSIS CENTER 3148 MATLOCK RD.,SUITE 505 ARLINGTON, TX 76015 PROVIDER NO: 452592	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 120386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 14 PHONE: (214)467-6631
BRACKENRIDGE HOSP 15TH & EAST AVE AUSTIN, TX 78701 PROVIDER NO: 450124	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININO:	DATE APPROVED: 003177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CRDSS-REFER NO: 452315	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE: (512)478-6461
AUSTIN DIAGNOSTIC CLINIC 801 W 34TH ST AUSTIN, TX 78705 PROVIDER NO: 452503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO: HEMO PERI CAPD CCPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CHDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 033 RENAL NETWORK: 14 PHONE: (512)459-1111
AUSTIN DIAGNOSTIC CLINIC-SOUTH 621 RADAM LANE AUSTIN, TX 78704 PROVIDER NO: 452502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 102707 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CRDSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE: (512)441-5127
MATAGORDA GENERAL HOSP 1115 AVE O, BOX 1141 BAY CITY, TX 77414 PROVIDER NO: 450465	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CHDSS-REFER NO: 452329	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 14 PHONE: (409)245-6303

BAYTOWN DIALYRIS FACILITY
4500 NORTH MAIN
BAYTOWN, TX 77520
PROVIDER NO: 452R7S

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 041586
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (713)422-3764

BOLDEN TRIANGLE DIALYSIS CTR
2202 COLLEGE
BEAUMONT, TX 77701
PROVIDER NO: 4R2R24

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: CAPD

DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 024
RENAL NETWORK: 14
PHONE: (409)892-8426

COMMUNITY DIALYSIS SVCS OF BEAUMONT
5680 COLLEGE RT
BEAUMONT, TX 77701
PROVIDER NO: 452877

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 061586
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 016
RENAL NETWORK: 14
PHONE: (409)838-6602

HEB DIALYRIS CENTER
2700 TIBBETS DR
BEDFORD, TX 76022
PROVIDER NO: 4R2583

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING:

DATE APPROVED: 072586
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 14
PHONE: (817)354-5811

BELLMEAD KIDNEY CARE CENTER
801 R LOOP 340, SUITE 3
BELLMEAD, TX 76705
PROVIDER NO: 452610

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 082588
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 011
RENAL NETWORK: 14
PHONE: (817)867-1974

WEST TEXAS DIALYSIS CENTER
1801 WEST 11TH PLACE
BIG SPRING, TX 79720
PROVIDER NO: 452604

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 021788
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 14
PHONE: (915)267-6361

VALLEY HEMODIALYSIS CENTER
855 W. PRICE NO 85
BROWNSVILLE, TX 78520
PROVIDER NO: 452517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 015
RENAL NETWORK: 14
PHONE: (512)546-3730

BROWNWOOD RENAL CARE CENTER
1100 SOUTH PARK
BROWNWOOD, TX 76801
PROVIDER NO: 452585

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 031585
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 006
RENAL NETWORK: 14
PHONE: (915)646-8510

HEALTH SYSTEMS INTERNATIONAL OF BRYAN
1705 EAST 29TH ST
BRYAN, TX 77801
PROVIDER NO: 4R2550

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 052782
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 14
PHONE: (409)775-9483

CARTHAGE DIALYSIS CENTER
501 E SABINE
CARTHAGE, TX 75633
PROVIDER NO: 452558

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 080883
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (214)693-4511

MEDICAL CENTER HOSPITAL ESRD
504 MEDICAL CENTER BLVD
CONROE, TX 77303
PROVIDER NO: 450222

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD

DATE APPROVED: 041786
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00402
CROSS-REFER NO: 452349

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (409)539-1111

STATE=TEXAS CONTINUED

SPOHN HOSP 600 ELIZABETH ST CORPUS CHRISTI, TX 78404 PROVIDER NO: 450153	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFEN NO:452315	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(512)881-3351
COASTAL BEND RENAL DIALYSIS FAC 2733 SWANTNER DRIVE CORPUS CHRISTI, TX 78404 PROVIDER NO: 452514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFEN NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 14 PHONE:(512)855-4911
COMM DIALYSIS SVCS OF CORPUS CHRISTI 1010 AYERS STREET CORPUS CHRISTI, TX 78404 PROVIDER NO: 452589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 103186 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 14 PHONE:(512)887-7047
MEDICAL ARTS CLINIC ASSN-HEMO CTR 301 HOSPITAL DRIVE CORSICANA, TX 75110 PROVIDER NO: 452553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 040483 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE:(214)872-4611
PARKLAND MEMORIAL HOSPITAL 5201 HARRY HINES BLVD. DALLAS, TX 75231 PROVIDER NO: 450015	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFEN NO:452301	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE:(214)590-8000
BAYLOR UNIVERSITY MEDICAL CENTER, ESRD 3500 GASTON AVE DALLAS, TX 75246 PROVIDER NO: 45002I	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 082785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFEN NO:452347	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(214)820-4075
ST PAUL HOSPITAL 5909 HARRY HINES BLVD DALLAS, TX 75235 PROVIDER NO: 450044	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452307	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE:(214)689-2000
METHODIST MEDICAL OF DALLAS 301 W COLORADO BLVD DALLAS, TX 75208 PROVIDER NO: 45005I	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452505	HCFA REGION: 06 TOTAL STATIONS: 002 RENAL NETWORK: 14 PHONE:(214)944-8181
PRESBYTERIAN HOSP OF DALLAS 8200 WALNUT HILL LANE DALLAS, TX 75231 PROVIDER NO: 450452	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452327	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 14 PHONE:(214)369-4111
CHILDRENS MEDICAL CENTER OF DALLAS 1935 MOTOR STREET DALLAS, TX 75235 PROVIDER NO: 450560	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 062785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452344	HCFA REGION: 06 TOTAL STATIONS: 002 RENAL NETWORK: 14 PHONE:(214)920-2000
SOUTHWESTERN DIALYSIS FACILITY 6010 FOREST PARK RD DALLAS, TX 75235 PROVIDER NO: 45250I	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 035 RENAL NETWORK: 14 PHONE:(214)358-2300

STATE-TEXAS CONTINUED

DALLAS KIDNEY DISEASE CENTER 5504 LIVE OAK DALLAS, TX 75204 PROVIDER NO: 452805	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 058 RENAL NETWORK: 14 PHONE:(214)827-7840
OAK CLIFF DIALYSIS CENTER 515-515 SOUTH HAMPTON DALLAS, TX 75208 PROVIDER NO: 452518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE:(214)941-2522
DALLAS NORTH DIALYSIS CENTER 7777 FOREST LANE-SUITE 2241 DALLAS, TX 75240 PROVIDER NO: 452821	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 021378 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE:(214)661-7170
METRO SOUTH DIALYSIS CENTER 1111 W. LEDBETTER SUITE 800 DALLAS, TX 75224 PROVIDER NO: 452807	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060688 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 021 RENAL NETWORK: 14 PHONE:(214)371-2485
VAL VERDE RENAL CARE CENTER 801 BIDWELL AVE DEL RIO, TX 78840 PROVIDER NO: 452557	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 040184 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(512)775-8566
WATSON W WISE MEDICAL CTR 1201 W WASHINGTON #200 DENISON, TX 75020 PROVIDER NO: 450824	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 011278 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452343	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(214)465-4111
DENTON DIALYSIS CLINIC INC 4509 BRSA DRIVE DENTON, TX 76201 PROVIDER NO: 452825	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 070178 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 14 PHONE:(817)565-2701
EAGLE PASS KIDNEY DISEASE CLINIC 950 PUEBLA EAGLE PASS, TX 78852 PROVIDER NO: 452841	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 030181 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE:(512)773-9545
EL PASO DIALYSIS CENTER-WEST 1900 N ONEGON, SUITE 307 EL PASO, TX 79902 PROVIDER NO: 452581	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 060986 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(915)534-4435
SIERRA DIALYSIS CENTER 1783 CUNIE EL PASO, TX 79902 PROVIDER NO: 452586	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 081486 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 14 PHONE:(915)534-0211
EL PASO DIALYSIS CENTER EAST 10420 VISTA DEL SOL EL PASO, TX 79935 PROVIDER NO: 452587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 050487 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 019 RENAL NETWORK: 14 PHONE:(915)592-8496

STATE=TEXAS CONTINUED

SIERRA MEDICAL CENTER
1625 MEDICAL CENTER DR
EL PASO, TX 79902
PROVIDER NO: 450868

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 081487
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452361

HCFA REGION: 06
TOTAL STATIONS: 015
RENAL NETWORK: 14
PHONE: (915)532-4000

PROVIDENCE MEMORIAL HOSPITAL
2001 N OREGON ST
EL PASO, TX 79902
PROVIDER NO: 450002

FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 012080
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452365

HCFA REGION: 06
TOTAL STATIONS: 011
RENAL NETWORK: 14
PHONE: (915)542-6011

ELLIS COUNTY KIDNEY DISEASE CTR
108 LAMPASSAS ST
ENNIS, TX 75119
PROVIDER NO: 452582

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 071886
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 011
RENAL NETWORK: 14
PHONE: (214)875-8459

TARRANT COUNTY NEPHROLOGY CTR
1400 ST LOUIS
FORT WORTH, TX 76104
PROVIDER NO: 452502

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 046
RENAL NETWORK: 14
PHONE: (817)921-6191

KIDNEY CARE -FORT WORTH INC
P.O. BOX 8872
FORT WORTH, TX 76124
PROVIDER NO: 452583

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI

DATE APPROVED: 061785
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 14
PHONE: (817)451-8826

COMMUNITY DIALYSIS SVCS OF FT WORTH
1001 PENNSYLVANIA AVE
FORT WORTH, TX 76104
PROVIDER NO: 452579

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 050985
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 020
RENAL NETWORK: 14
PHONE: (817)877-6807

BMA CLEAR LAKE INC
8340 FM 528
FRIENDSWOOD, TX 77546
PROVIDER NO: 452809

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 062888
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (713)996-5040

HARRIS NDSP-FT WORTH ESRD
1301 PENNSYLVANIA
FT WORTH, TX 76104
PROVIDER NO: 450135

FACILITY TYPE: TRANSPLANT ONLY
STAFF-ASSISTED:
SELF-CARE:
TRAINING:

DATE APPROVED: 103085
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 462337

HCFA REGION: 06
TOTAL STATIONS: 002
RENAL NETWORK: 14
PHONE: (817)564-5151

WEST FT WORTH DIALYSIS CTR
5512D BELLAIRE DR SO
FT WORTH, TX 76109
PROVIDER NO: 452594

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 012787
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (817)730-0703

UNIVERSITY OF TEXAS-MEDICAL BRANCH
4200 OLD JOHN SEALY, E-62
GALVESTON, TX 77550
PROVIDER NO: 450018

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: PERI CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS REFER NO: 452303

HCFA REGION: 06
TOTAL STATIONS: 019
RENAL NETWORK: 14
PHONE: (409)761-1611

ISLAND DIALYSIS CTR
707 TREMONT
GALVESTON, TX 77550
PROVIDER NO: 452520

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 092587
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 017
RENAL NETWORK: 14
PHONE: (713)763-0371

THE AUSTIN DIAGNOSTIC CLINIC MIONWAY 161 & CACTUS NT DIGGINOS, TX 78642 PROVIDER NO: 452520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021979 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (409)542-8116
BIG CITIES DIALYSIS CENTER 822 AVE K EAST BRAND PRAIRIE, TX 75050 PROVIDER NO: 452554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 052179 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (214)641-4545
GREENVILLE DIALYSIS CENTER 2005 MITCHELL NT GREENVILLE, TX 75401 PROVIDER NO: 452555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 020480 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE: (214)454-8801
VALLEY BAPTIST MEDICAL CENTER P.O. BRAWER 70850 HARLINGEN, TX 78550 PROVIDER NO: 450055	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452352	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE: (512)421-1503
HERMANN HOSPITAL ESRD 6411 FANNIN NT HOUSTON, TX 77030 PROVIDER NO: 450060	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD CCPD	DATE APPROVED: 040177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452309	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 14 PHONE: (713)797-3700
BEN TAUB GENERAL HOSPITAL BOX 66705 HOUSTON, TX 77006 PROVIDER NO: 450265	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452322	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 14 PHONE: (713)791-7000
METHODIST HOSPITAL-ESRD 6565 MENTHER BLVD HOUSTON, TX 77025 PROVIDER NO: 450555	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452324	HCFA REGION: 06 TOTAL STATIONS: 040 RENAL NETWORK: 14 PHONE: (713)790-2687
GULF COAST DIALYSIS CENTER 4407 TOARUM BLVD HOUSTON, TX 77006 PROVIDER NO: 452500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 049 RENAL NETWORK: 14 PHONE: (713)527-8434
WEST HOUSTON DIALYSIS 5525 LONG POINT ROAD HOUSTON, TX 77055 PROVIDER NO: 452515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 14 PHONE: (713)932-5824
ZIMMERMAN MEDICAL CLINIC DIALYSIS CTR 7707 FANNIN SUITE 155 HOUSTON, TX 77054 PROVIDER NO: 452525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081377 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 024 RENAL NETWORK: 14 PHONE: (713)797-9999
JACINTO TOWERS ARTIFICIAL KIDNEY CTR. 10100 E. FREEWAY I.H. 10 EAST HOUSTON, TX 77029 PROVIDER NO: 452550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 042779 OWNERSHIP: PNOFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 14 PHONE: (713)674-5480

SOUTHEAST KIDNEY CENTER 9151 WINKLER DR. OLOO D HOUSTON, TX 77017 PROVIDER NO: 452533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080479 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (715)947-9554
ST JOSEPH DIALYSIS CTR 2424 HAMILTON SUITE 200 HOUSTON, TX 77004 PROVIDER NO: 452554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 041183 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 14 PHONE: (715)951-0421
FONOREW DIALYSIS CLINIC 8415 WEST BELLFORT 9101 HOUSTON, TX 77071 PROVIDER NO: 452560	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 052185 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (715)774-1600
HOUSTON NORTHWEST MED CENTER 710 FM 1960 WEST HOUSTON, TX 77090 PROVIDER NO: 450638	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 110586 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 462346	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE: (713)440-2615
PLAZA DIALYSIS UNIT 1200 BINZ SUITE 1180 HOUSTON, TX 77004 PROVIDER NO: 452572	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 032185 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE: (713)620-6790
NORTH HOUSTON DIALYSIS FACILITY 3500 LITTLE YORK HOUSTON, TX 77093 PROVIDER NO: 452574	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041686 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE: (713)692-0642
SOUTHWEST HOUSTON DIALYSIS FACILITY 10850 S GESSNER HOUSTON, TX 77071 PROVIDER NO: 452576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 050786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (715)641-6641
HOUSTON KIDNEY CENTER 1200 BINZ,SUITE 300 HOUSTON, TX 77004 PROVIDER NO: 452578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (715)524-8778
COMMUNITY DIALYSIS SVCS OF HOUSTON 7545 SOUTH FREEWAY HOUSTON, TX 77021 PROVIDER NO: 452584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 072586 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (713)741-9576
ST LUKE'S EPISCOPAL HOSPITAL 7620 BERTNER ST HOUSTON, TX 77030 PROVIDER NO: 450193	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 462350	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE: (713)791-2011
TEXAS CHILDRENS HOSP BOX 20269 HOUSTON, TX 77025 PROVIDER NO: 453304	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 462333	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE: (713)791-4714

STATE=TEXAS CONTINUED

UNIVERSITY KIDNEY CENTER RNN4 INTENCHARGE GN HOUSTON, TX 77084 PROVIDER NO: 452N08	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 121887 OWNERSHIP: PROFIT INTERMEDIARY: 00400	HCFA REGION: 06 TOTAL STATIONS: 060 RENAL NETWORK: 14 PHONE: (713)432-1110
SPRING BRANCH MEM HOSP ESRD 8000 LONG POINT HOUSTON, TX 77055 PROVIDER NO: 450N50	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 032888 OWNERSHIP: PROFIT INTERMEDIARY: 522NO CROSS-REFER NO: 452355	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 14 PHONE: (713)464-3456
BAY AREA DIALYSIS, INC. 10051 SCARSDALE BLVD.,SUITE 200 HOUSTON, TX 77089 PROVIDER NO: 452N12	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061388 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (713)481-4577
NORTH BELT DIALYSIS CENTER 4808 OAK VILLAGE RD,P.O.BOX 111217 HUMBLE, TX 77338 PROVIDER NO: 452055	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 012386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (716)441-2569
IRVING DIALYSIS CENTER 2045 W AIRPORT FWY S120 IRVING, TX 75062 PROVIDER NO: 452SA1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 031185 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 14 PHONE: (214)790-7226
JASPER DIALYSIS FACILITY 1100 S WHEELER JASPER, TX 75951 PROVIDER NO: 452075	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022886 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (409)384-3554
KERRVILLE KIDNEY DISEASE DIALYSIS CT 514 W WATER ST KERRVILLE, TX 78028 PROVIDER NO: 452546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120181 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (512)895-8170
SPOHN KLEBERG MEM HOSPITAL ESRD 1500 GENERAL CAVAZOS BLVD KINGSVILLE, TX 78363 PROVIDER NO: 450155	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012688 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452354	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE: (512)595-1661
LAREDO KIDNEY CENTER 1020 EAST CALTON ROAD LAREDO, TX 78041 PROVIDER NO: 45291R	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 14 PHONE: (512)724-6108
GOOD SHEPHERD MEDICAL CENTER 521 N 9TH ST LONGVIEW, TX 75601 PROVIDER NO: 450067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 086177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452306	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 14 PHONE: (214)236-2000
LONGVIEW KIDNEY DISEASE CTR 3101 N 4TH LONGVIEW, TX 75601 PROVIDER NO: 452966	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092885 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (214)758-4074

STATE=TEXAS CONTINUED

METHODIST HOSP 3615 19TH ST LUBBOCK, TX 79410 PROVIDER NO: 450457	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 060177 OWNERSHIP: NONPROFIT INTERMEDIARY: 004DD CROSS-REFER NO:462326	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(806)792-1011
LUBBOCK GENERAL HOSPITAL 602 INDIANA AVE BOX 5980 LUBBOCK, TX 79417 PROVIDER NO: 450686	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAININD:	DATE APPROVED: 090170 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452341	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(806)743-3611
SOUTH PLAINS DIALYSIS CENTER 4110 22ND PLACE LUBBOCK, TX 79410 PROVIDER NO: 452506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 032 RENAL NETWORK: 14 PHONE:(806)793-1414
SOUTH PLAINS KIDNEY DISEASE CTR 1607 W LOOP 289 LUBBOCK, TX 79416 PROVIDER NO: 452568	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAININD: HEMO PERI CAPD CCPD	DATE APPROVED: 103006 OWNERSHIP: PROFIT INTERMEDIARY: 004DD CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 027 RENAL NETWORK: 14 PHONE:(806)799-2991
HENDERSON KIDNEY DESEASE CTR FRANK & FRANKLIN STS LUFKIN, TX 75901 PROVIDER NO: 450211	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 111081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452345	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE:(409)634-4111
MADISON CO MEDICAL CENTER ESRD 100 W CROSS ST BOX 698 MADISONVILLE, TX 77864 PROVIDER NO: 450467	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:462690	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 14 PHONE:(409)348-2661
VALLEY HEMODIALYSIS CENTER 1117 E DALLAS MCALLEN, TX 78501 PROVIDER NO: 452508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE:(512)682-1259
WESQUITE DIALYSIS CENTER 502 W KEARNEY,SUITE 100 WESQUITE, TX 75150 PROVIDER NO: 452596	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 031187 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(214)286-9894
PERMIAN BASIN DIALYSIS CENTER 209 YOUNDER RD MIDLAND, TX 79701 PROVIDER NO: 452512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAININD: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 004DD CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE:(915)561-9325
KIDNEY CENTER OF MINERAL WELLS 400 S.W. 25TH ST MINERAL WELL, TX 76067 PROVIDER NO: 452601	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 020487 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(817)325-4788
MEMORIAL HOSPITAL 1204 MOUND ST NACOGDOCHES, TX 75961 PROVIDER NO: 450508	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAININD:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:462331	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(409)564-4611

ORANGE DIALYSIS FACILITY
260 SINECKLAND
ORANGE, TX 77630
PROVIDER NO: 452500

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 072087
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (409)883-3762

PALESTINE DIALYSIS CTR
2041 CROCKETT RD
PALESTINE, TX 75801
PROVIDER NO: 452511

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 092588
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (214)729-7202

ST JOSEPHS HOSP
820 CLARKSVILLE ST
PARIS, TX 75460
PROVIDER NO: 450188

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: HEMO

DATE APPROVED: 120877
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452339

HCFA REGION: 06
TOTAL STATIONS: 017
RENAL NETWORK: 14
PHONE: (214)785-4521

BMA-EAST TEXAS
414 QUITMAN ST
PITTSBURG, TX 75686
PROVIDER NO: 452560

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 020187
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 010
RENAL NETWORK: 14
PHONE: (214)856-6666

PLANO DIALYSIS CENTER
RIGO AVE N
PLANO, TX 75074
PROVIDER NO: 452583

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 010987
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 012
RENAL NETWORK: 14
PHONE: (214)423-7738

ST MARY HOSPITAL OF PT ARTHUR
3500 GATES BLVD.
PORT ARTHUR, TX 77640
PROVIDER NO: 450058

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452312

HCFA REGION: 06
TOTAL STATIONS: 015
RENAL NETWORK: 14
PHONE: (409)985-7431

ROSENBERG DIALYSIS CENTER
6303 WEST RD
ROSENBERG, TX 77471
PROVIDER NO: 452542

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 060581
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 013
RENAL NETWORK: 14
PHONE: (713)341-7425

ST JOHNS RENAL CARE CENTER
2010 PULLIAM ST BOX 1151
SAN ANGELO, TX 76901
PROVIDER NO: 460675

FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 085177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452525

HCFA REGION: 06
TOTAL STATIONS: 011
RENAL NETWORK: 14
PHONE: (915)655-3101

ANGELO RENAL CARE CENTER
168 EAST CONCHO
SAN ANGELO, TX 76905
PROVIDER NO: 452551

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED:
SELF-CARE:
TRAINING: CAPD CCPD

DATE APPROVED: 101086
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 001
RENAL NETWORK: 14
PHONE: (915)655-6773

WEST TEXAS RENAL CARE CENTER
6301 EXECUTIVE DRIVE
SAN ANGELO, TX 76903
PROVIDER NO: 452606

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 040588
OWNERSHIP: PROFIT
INTERMEDIARY: 00400
CROSS-REFER NO:

HCFA REGION: 06
TOTAL STATIONS: 008
RENAL NETWORK: 14
PHONE: (915)949-5081

MEDICAL CENTER HOSP-RENAL LAB
4502 MEDICAL DR
SAN ANTONIO, TX 78284
PROVIDER NO: 450213

FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: CAPD

DATE APPROVED: 083177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00400
CROSS-REFER NO: 452318

HCFA REGION: 06
TOTAL STATIONS: 014
RENAL NETWORK: 14
PHONE: (512)684-3030

STATE=TEXAS CONTINUED

SANTA ROSA MEDICAL CENTER 519 W. HOUSTON ST. SAN ANTONIO, TX 78207 PROVIDER NO: 45D237	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO: 452310	HCFA REGION: 06 TOTAL STATIONS: 037 RENAL NETWORK: 14 PHONE: (512)220-2057
HUMANA HOSPITAL 8026 FLOYD CURL DR SAN ANTONIO, TX 78229 PROVIDER NO: 45053I	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070204 OWNERSHIP: PROFIT INTERMEDIARY: 52200 CROSS-REFER NO: 452345	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE: (512)692-0110
KIDNEY DISEASE CLINIC OF SAN ANTONIO 7540 LOUIS PASTEUR DR,SUITE 100 SAN ANTONIO, TX 78229 PROVIDER NO: 452507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 030 RENAL NETWORK: 14 PHONE: (512)690-1515
SAN ANTONIO KIDNEY DISEASE CTR 1222 MCCULLOUGH SAN ANTONIO, TX 78212 PROVIDER NO: 452527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 020670 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 058 RENAL NETWORK: 14 PHONE: (512)220-0743
SOUTHSIDE KIDNEY DISEASE CLINIC 1335 SE MILITARY DR SAN ANTONIO, TX 78214 PROVIDER NO: 452544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072781 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE: (512)923-5475
NORTHEAST KIDNEY DISEASE CENTER 2391 NORTHEAST LOOP 410, #409 SAN ANTONIO, TX 78217 PROVIDER NO: 45256S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 070885 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (512)220-0225
SOUTHWEST DIALYSIS CENTER 7355 BARLITE, SUITE 301 SAN ANTONIO, TX 78224 PROVIDER NO: 452571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081485 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (512)921-1091
EASTSIDE KIDNEY CLINIC INC 105 REIMAN SAN ANTONIO, TX 78205 PROVIDER NO: 452570	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 031285 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE: (512)226-0751
COMMUNITY DIALYSIS SVCS OF SAN ANTONIO 4151 CALLAGHAN RD, SUITE 101 SAN ANTONIO, TX 78228 PROVIDER NO: 452587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 100385 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE: (512)521-7055
KIDNEY DISEASE CLINIC 401 W COMMERCE SAN ANTONIO, TX 78207 PROVIDER NO: 452595	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 012787 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 14 PHONE: (512)225-4733
COMMUNITY DIALYSIS SVCS 7390 BARLITE BLVD.,SUITE 320 SAN ANTONIO, TX 78224 PROVIDER NO: 45260S	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030488 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (512)924-6604

STATE=TEXAS CONTINUED

AUNTIE DIAGNOSTIC RENAL CLINIC 182 JACKSON LANE SAN MARCOS, TX 78666 PROVIDER NO: 452822	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE:(512)353-8080
KIDNEY DISEASE CLINIC OF SEGUIN 114 N CROCKETT ST SEGUIN, TX 78155 PROVIDER NO: 452545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112081 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 14 PHONE:(512)379-9777
ANGELO DIALYSIS CENTER INC. 433 NORTH BELKNAP STEPHENVILLE, TX 76401 PROVIDER NO: 452504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070187 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 14 PHONE:(817)965-3115
SCOTT & WHITE ARTIFICIAL KIDNEY CTR 2401 S 31ST ST TEMPLE, TX 76501 PROVIDER NO: 452504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(817)774-2111
TEXARKANA REGIONAL DIALYSIS CTR 4000 TEXAN BLVD TEXARKANA, TX 75501 PROVIDER NO: 452502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 030183 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE:(214)792-7151
MEDICAL CENTER HOSP 1000 S BECKHAM TYLER, TX 75701 PROVIDER NO: 450008	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 100987 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452353	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 14 PHONE:(214)597-0351
W. W. WISE REGIONAL DIALYSIS CENTER 815 EAST FIRST TYLER, TX 75701 PROVIDER NO: 452552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070979 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 031 RENAL NETWORK: 14 PHONE:(214)595-2495
KIDNEY DISEASE CLINIC OF UVALDE 1001 GARNER FIELD RD UVALDE, TX 78801 PROVIDER NO: 452540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 011681 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 14 PHONE:(512)278-1126
KIDNEY CENTER OF VERNON 1000 OAKLAND F JOHNSTON DR VERNON, TX 76384 PROVIDER NO: 452808	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060188 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 14 PHONE:(817)553-4310
CROSSROADS DIALYSIS CENTER 1408 VICTORIA STATION DR VICTORIA, TX 77901 PROVIDER NO: 452587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 100785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 023 RENAL NETWORK: 14 PHONE:(512)578-9113
BRAZOS KIDNEY DISEASE CTR 3420 PINE AVE WACO, TX 76708 PROVIDER NO: 452526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 102777 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 14 PHONE:(817)752-5503

STATE=TEXAS CONTINUED

WESLACO DIALYSIS CENTER 1025 N TEXAS BLVD WESLACO, TX 78596 PROVIDER NO: 452585	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 062006 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (512)900-0637
WHARTON KIDNEY CENTER 1400 U S 59 WHARTON, TX 77488 PROVIDER NO: 452588	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 100980 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 14 PHONE: (409)532-9757
NORTH TEXAS DIALYSIS CENTER 1515 TENTH STREET WICHITA FALLS, TX 76301 PROVIDER NO: 452510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 14 PHONE: (817)322-1450
CYPRESS CREEK DIALYSIS CENTER 9449 DRODAN'S MILL RD WOODLANDS, TX 77380 PROVIDER NO: 452539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 112000 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 14 PHONE: (710)360-1202

STATE=UTAH

WNIDDERLAND DIALYSIS FAC 1400 NORTH 800 EAST LOGAN, UT 84321 PROVIDER NO: 460015	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 020281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:462307	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(801)752-2050
MIDVALE DIALYSIS 7804 SOUTH 800 WEST SUITE 208 MIDVALE, UT 84047 PROVIDER NO: 462508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 021282 OWNERSHIP: PROFIT INTERMEDIARY: DD41D CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE:(801)566-8400
BONNEVILLE DIALYSIS CENTER 5878 S 900 EAST MURRAY, UT 84405 PROVIDER NO: 462511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 030984 OWNERSHIP: PROFIT INTERMEDIARY: DD41D CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE:(801)479-0351
CASTLEVIEW DIALYSIS CENTER RTE 2 BOX 48-A8 PRICE, UT 84501 PROVIDER NO: 462510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021782 OWNERSHIP: NONPROFIT INTERMEDIARY: DD41D CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 007 RENAL NETWORK: 15 PHONE:(801)637-4800
PROVO DIALYSIS CENTER 1034 NORTH 800 WEST PROVO, UT 84604 PROVIDER NO: 462504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 032577 OWNERSHIP: NONPROFIT INTERMEDIARY: DD41D CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(801)379-7115
UINTAH BASIN DIALYSIS CTR 381 NORTH 200 WEST (T4-6) ROOSEVELT, UT 84066 PROVIDER NO: 462506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 050580 OWNERSHIP: PROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 006 RENAL NETWORK: 15 PHONE:(801)722-5056
UNIVERSITY OF UTAH MED CTR 50 N MEDICAL DR SALT LAKE CITY, UT 84132 PROVIDER NO: 460008	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: DD41D CROSS-REFER NO:4623DD	HCFA REGION: 08 TOTAL STATIONS: 004 RENAL NETWORK: 15 PHONE:(801)581-3212
LDS HOSPITAL TRANSPLANT CENTER 320 8TH AVE SALT LAKE CITY, UT 84148 PROVIDER NO: 460010	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 110483 OWNERSHIP: NONPROFIT INTERMEDIARY: DD41D CROSS-REFER NO:4623D2	HCFA REGION: 08 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(801)321-1100
VA HOSP 500 FOOTHILL DR SALT LAKE CITY, UT 84148 PROVIDER NO: 460D2F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080577 OWNERSHIP: NONPROFIT INTERMEDIARY: D0080 CROSS-REFER NO:46230I	HCFA REGION: 08 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(801)584-1270
KOLFF DIALYSIS CENTER DUMKE BLDG 505 SALT LAKE CITY, UT 84112 PROVIDER NO: 462503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082477 OWNERSHIP: NONPROFIT INTERMEDIARY: 00410 CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 016 RENAL NETWORK: 15 PHONE:(801)581-6426
CENTRAL VALLEY KIDNEY CENTER 1450 EAST 3900 SOUTH SALT LAKE CITY, UT 84117 PROVIDER NO: 460SDI	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 111883 OWNERSHIP: NONPROFIT INTERMEDIARY: C041D CROSS-REFER NO:	HCFA REGION: 08 TOTAL STATIONS: 011 RENAL NETWORK: 15 PHONE:(801)278-0478

UTAH DIALYSIS LAB	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 111883	HCFA REGION: 08
633 E SOUTH TEMPLE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
SALT LAKE CITY, UT 84102	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 15
PROVIDER NO: 463502	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(801)364-1163
DIXIE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081482	HCFA REGION: 08
515 SOUTH 300 EAST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
ST GEORGE, UT 84770	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 15
PROVIDER NO: 462511	TRAINING:	CROSS-REFER NO:	PHONE:(801)673-9601

STATE-VERMONT

MEDICAL CENTER HOSPITAL OF VERMONT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
COLCHESTER AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
BURLINGTON, VT 05401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00270	RENAL NETWORK: 01
PROVIDER NO: 470003	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:472300	PHONE:(802)656-3572

NORTHERN VA DIALYSIS CTR
5249 DUKE ST SUITE 202
ALEXANDRIA, VA 22304
PROVIDER NO: 492505
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO CAPD
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 06
PHONE: (703)370-8250

BMA OF NORTHERN VA
17001 N GEORGE MASON DR
ARLINGTON, VA 22205
PROVIDER NO: 492515
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:
DATE APPROVED: 010177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (703)698-8070

MOUNTAIN EMPIRE DIALYSIS CENTER
CLOVERLEAF SQUARE 3A-RT.1
BIG STONE GAP, VA 24219
PROVIDER NO: 492533
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: CAPD
DATE APPROVED: 012584
OWNERSHIP: PROFIT
INTERMEDIARY: 00424
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (703)523-5590

UNIVERSITY OF VIRGINIA HOSP
UNIVERSITY STATION BOX 133
CHARLOTTESVILLE, VA 22908
PROVIDER NO: 49500
FACILITY TYPE: TRANSPLANT/DIALYSIS CTR
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO PERI CAPD
DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00423
CROSS-REFER NO: 492301
HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (804)924-2180

CHESAPEAKE KIDNEY CENTER
850 GREENBRIER CIRCLE, SUITE D
CHESAPEAKE, VA 23320
PROVIDER NO: 492538
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD:
DATE APPROVED: 122286
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 05
PHONE: (804)424-1243

ALLEGHANY DIALYSIS CENTER, INC.
ROUTE 2 VALLEY RIDGE ROAD
COVINGTON, VA 24426
PROVIDER NO: 492522
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO PERI CAPD
DATE APPROVED: 072380
OWNERSHIP: PROFIT
INTERMEDIARY: 00426
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (703)862-4419

CULPEPER DIALYSIS CENTER
420 1/2 SUNSET LANE
CULPEPER, VA 22701
PROVIDER NO: 492543
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO PERI
DATE APPROVED: 110188
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE: (703)825-9332

DANVILLE UROLOGIC CLINIC
1040 MAIN ST
DANVILLE, VA 24541
PROVIDER NO: 492501
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO PERI CAPD
DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 020
RENAL NETWORK: 05
PHONE: (804)792-1488

RICHARDSON MEMORIAL DIALYSIS CTR
306 WEAVER AVE
EMPORIA, VA 23847
PROVIDER NO: 492518
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAININD: HEMO CAPD
DATE APPROVED: 101579
OWNERSHIP: PROFIT
INTERMEDIARY: 00425
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (804)634-5107

BMA OF ARLINGTON
8316 ARLINGTON BLVD.
FAIRFAX, VA 22031
PROVIDER NO: 492504
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00080
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 024
RENAL NETWORK: 05
PHONE: (703)698-8070

FARMVILLE DIALYSIS FACILITY
800 BUFFALO ST
FARMVILLE, VA 23901
PROVIDER NO: 492526
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAININD: HEMO
DATE APPROVED: 090300
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE: (804)047-5689

FREDERICKSBURG DIALYSIS CENTER
511 WESTWOOD OFFICE PARK
FREDERICKSBURG, VA 22401
PROVIDER NO: 492508
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (703)371-9531

TWIN COUNTY DIALYSIS CENTER
407 GLENDALE ROAD
GALAX, VA 24333
PROVIDER NO: 492529
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO PERI
TRAINING: HEMO PERI CAPD
DATE APPROVED: 101382
OWNERSHIP: PROFIT
INTERMEDIARY: 00424
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE: (703)236-6011

WALTER REED MEM HOS/GLOUCESTER DIALY
RT 17, BOX 1130
GLOUCESTER, VA 23061
PROVIDER NO: 490130
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 110786
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (804)693-4400

SOUTHWEST VA DIALYSIS FACILITY
P.O. BOX 1335
GRUNDY, VA 24614
PROVIDER NO: 492531
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 022183
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 05
PHONE: (703)935-8089

HAMPTON GENERAL DIALYSIS CTR
300 MARCELLA DR
HAMPTON, VA 23666
PROVIDER NO: 490093
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 090980
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00423
CROSS-REFER NO: 492313
HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 05
PHONE: (804)727-7554

HARRISONBURG DIALYSIS CENTER
847 CANTRELL AVE
HARRISONBURG, VA 22801
PROVIDER NO: 492507
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (703)434-1033

ROCKBRIDGE DIALYSIS CENTER INC
112 WALKER ST
LEXINGTON, VA 24450
PROVIDER NO: 492539
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI
DATE APPROVED: 103087
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (703)463-1121

LYNCHBURG DIALYSIS FACILITY
2015 TATE SPRINGS RD
LYNCHBURG, VA 24501
PROVIDER NO: 492509
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (801)528-1074

BMA OF SMYTH COUNTY INC
1154 SNIDER STREET
MARION, VA 24354
PROVIDER NO: 492510
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00424
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 05
PHONE: (703)783-6196

MARTINSVILLE DIALYSIS FACILITY
429 COMMONWEALTH BOULEVARD
MARTINSVILLE, VA 24112
PROVIDER NO: 492527
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING:
DATE APPROVED: 011182
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE: (703)632-7091

ARTIFICIAL KIDNEY CTR-EASTERN SHORE
P.O. BOX 722
NASSAWADOX, VA 23413
PROVIDER NO: 492524
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 071180
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (804)442-7656

MARY IMMACULATE HOSPITAL 800 OENBIOH BLVD NEWPORT NEWS, VA 23602 PROVIOER NO: 490041	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 090177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CHOSS-REFER NO:492304	HCFA NEOION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE:(804)872-0154
RIVERSIOE HOSPITAL J CLYDE MORRIS BLVO NEWPORT NEWS, VA 23601 PROVIDER NO: 490052	FACILITY TYPE: OIALYSIS CENTEH STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 080177 OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CHOSS-REFER NO:492306	HCFA REOION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 05 PHONE:(804)599-2000
NEWPORT NEWS OENERAL HOSP 5100 MARSHALL AVE NEWPORT NEWS, VA 23605 PROVIOER NO: 490035	FACILITY TYPE: OIALYSIS CENTEH STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 082986 OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CROSS-REFER NO:492314	HCFA REOION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 05 PHONE:(804)247-T200
SENTARA NORFOLK OENERAL HOSP-ESRO 600 ORESHAM OR NORFOLK, VA 2350T PROVIOER NO: 490007	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 0801T7 OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CROSS-REFER NO:492300	HCFA REOION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 05 PHONE:(804)628-3156
TIDEWATER RENAL OIALYSIS CENTER 5621 TIOEWATER OR NORFOLK, VA 23509 PROVIOER NO: 492502	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 080177 OWNERSHIP: PROFIT INTERMEOIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 05 PHONE:(804)489-1150
SENTARA LEIOH MEMORIAL OIALYSIS CLINIC 844 KEMPSVILLE RO NORFOLK, VA 23502 PROVIOER NO: 493500	FACILITY TYPE: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO	OATE APPROVEO: 0001T7 OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 05 PHONE:(804)466-6928
NORFOLK KIONEY CENTER 930 MAJESTIC AVE NORFOLK, VA 23504 PROVIOER NO: 492537	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO:	OATE APPROVEO: 121686 OWNERSHIP: PROFIT INTERMEOIARY: 00428 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 05 PHONE:(804)628-3046
SOUTHSIOE REOIONAL MEOICAL CENTER 801 S. ADAMS ST PETERSBURO, VA 23803 PROVIOER NO: 490067	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO:	OATE APPROVEO: 08017T OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:49230T	HCFA REOION: 03 TOTAL STATIONS: 01T RENAL NETWORK: 05 PHONE:(804)T32-T220
PORTSMOUTH OENERAL HOSP 850 CRAWFORO PKWY PORTSMOUTH, VA 23T04 PROVIOER NO: 490074	FACILITY TYPE: OIALYSIS CENTER STAFF-ASSISTEO: HEMO PERI SELF-CARE: TRAININO: HEMO PERI CAPO CCPO	OATE APPROVEO: 0801TT OWNERSHIP: NONPROFIT INTERMEOIARY: 00428 CROSS-REFER NO:492309	HCFA REOION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 05 PHONE:(804)398-4211
BMA OF NEW RIVER VALLEY INC 121T OROVE STREET RAOFORO, VA 24141 PROVIOER NO: 492532	FACILITY TYPE: OIALYSIS FACILITY STAFF-ASSISTEO: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVEO: 052683 OWNERSHIP: PROFIT INTERMEOIARY: 00424 CROSS-REFER NO:	HCFA REOION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 05 PHONE:(T03)T31-0610
MEOICAL COLLEOE OF VA MCV STATION - BOX 468 RICHMOND, VA 23298 PROVIOER NO: 490032	FACILITY TYPE: TRANSPLANT/OIALYSIS CTR STAFF-ASSISTEO: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPO CCPO	OATE APPROVEO: 08017T OWNERSHIP: NONPROFIT INTERMEOIARY: 00423 CROSS-REFER NO:492303	HCFA REOION: 03 TOTAL STATIONS: 02T RENAL NETWORK: 05 PHONE:(804)T86-0938

RICHMOND MEMORIAL HOSP
1000 WEST WOOD AVE
RICHMOND, VA 2N227
PROVIDER NO: 4N00NN
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00423
CROSS-REFER NO: 492300
HCFA REGION: 03
TOTAL STATIONS: 025
RENAL NETWORK: 05
PHONE: (804)254-6000

VA MEDICAL CENTER
1201 BROAD ROCK RD, 111D
RICHMOND, VA 2N24N
PROVIDER NO: 4N01DF
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 110985
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO: 492310
HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (804)231-9011

WEST END DIALYSIS CENTER
8000 FRANKLIN FARMS DR, SUITE 114
RICHMOND, VA 2N22N
PROVIDER NO: 4N2NDN
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 090177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (804)285-8981

COMMUNITY DIALYSIS SERVICES
1921 WESTMORELAND AVE.
RICHMOND, VA 2N2NO
PROVIDER NO: 4N2DON
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD
DATE APPROVED: 080177
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 016
RENAL NETWORK: 05
PHONE: (804)288-4167

ROCKWOOD DIALYSIS CTR
5505 POCOSHOCK PLACE
RICHMOND, VA 23235
PROVIDER NO: 492S1N
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD
DATE APPROVED: 042180
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (703)745-4660

EAST END DIALYSIS CENTER
2029 EAST MAIN ST
RICHMOND, VA 2N22N
PROVIDER NO: 4N2SS4
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO
DATE APPROVED: 051885
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 009
RENAL NETWORK: 05
PHONE: (804)545-5050

ROANOKE MEMORIAL HOSP
BELLEVIEW AT JEFFERSON
ROANOKE, VA 24055
PROVIDER NO: 4N0024
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: CAPD
DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00424
CROSS-REFER NO: 492302
HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE: (703)981-7692

BMA OF ROANOKE INC
4350 BRAMBLETON AVENUE, SW
ROANOKE, VA 24018
PROVIDER NO: 492S1N
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 092577
OWNERSHIP: PROFIT
INTERMEDIARY: 00424
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 019
RENAL NETWORK: 05
PHONE: (703)989-5571

VETERAN'S MEDICAL CENTER
1970 SHENANDOAH BLVD
SALEM, VA 24153
PROVIDER NO: 4N011F
FACILITY TYPE: DIALYSIS CENTER
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD
DATE APPROVED: 080177
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00080
CROSS-REFER NO: 492311
HCFA REGION: 03
TOTAL STATIONS: 005
RENAL NETWORK: 05
PHONE: (703)982-2465

RIVERSIDE DIALYSIS CTR-SMITHFIELD
1012 S CHURCH ST STE C
SMITHFIELD, VA 23430
PROVIDER NO: 495S0I
FACILITY TYPE: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 051588
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00428
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 008
RENAL NETWORK: 05
PHONE: (804)357-0069

SOUTH BOSTON DIALYSIS FACILITY
2212 HALIFAX RD
SO BOSTON, VA 245N2
PROVIDER NO: 4N2S19
FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:
DATE APPROVED: 072879
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:
HCFA REGION: 03
TOTAL STATIONS: 010
RENAL NETWORK: 05
PHONE: (804)572-3942

STATE=VIRGINIA CONTINUED

CONTINENTAL DIALYSIS CTR
8350 TRAFORD LANE
SPRINGFIELD, VA 22152
PROVIDER NO: 492535

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 111585
OWNERSHIP: PROFIT
INTERMEDIARY: 00000
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 06
PHONE: (703)644-7800

AUGUSTA DIALYSIS CENTER
3 IDLEWOOD BLVD
STAUNTON, VA 24401
PROVIDER NO: 492528

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 001902
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (703)885-8906

DULLES REGNL DIALYSIS CNTR
108 TERMINAL DR
STERLING, VA 22170
PROVIDER NO: 492540

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO

DATE APPROVED: 051188
OWNERSHIP: PROFIT
INTERMEDIARY: 00190
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 006
RENAL NETWORK: 05
PHONE: (703)478-8970

ARTIFICIAL KIDNEY CENTER OF SUFFOLK
P.O. BOX 700
SUFFOLK, VA 23434
PROVIDER NO: 492530

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING:

DATE APPROVED: 011983
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (804)934-0076

TAPPAHANNOCK DIALYSIS CENTER INC
P.O. BOX 1515
TAPPAHANNOCK, VA 22560
PROVIDER NO: 492536

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE: HEMO
TRAINING: CAPD CCPD

DATE APPROVED: 102286
OWNERSHIP: NONPROFIT
INTERMEDIARY: 00425
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 007
RENAL NETWORK: 06
PHONE: (804)443-6542

VIRGINIA BEACH DIALYSIS CENTER
1127 FIRST COLONIAL RD.
VIRGINIA BEACH, VA 23454
PROVIDER NO: 492517

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO PERI
SELF-CARE:
TRAINING: HEMO PERI CAPD

DATE APPROVED: 082079
OWNERSHIP: PROFIT
INTERMEDIARY: 00425
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 013
RENAL NETWORK: 06
PHONE: (804)481-6079

WARRENTON DIALYSIS FACILITY INC
578 WATERLOO RD
WARRENTON, VA 22186
PROVIDER NO: 492525

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO PERI CAPD CCPD

DATE APPROVED: 082480
OWNERSHIP: PROFIT
INTERMEDIARY: 00425
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 012
RENAL NETWORK: 05
PHONE: (703)347-5090

WINCHESTER DIALYSIS CERTER
811 S LOUDOUN ST
WINCHESTER, VA 22601
PROVIDER NO: 492523

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE: HEMO
TRAINING: HEMO CAPD

DATE APPROVED: 072380
OWNERSHIP: PROFIT
INTERMEDIARY: 00423
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 011
RENAL NETWORK: 06
PHONE: (703)667-0227

WOODBRIDGE-MANASSAS DIALYSIS FACILITY
2010 D. OPITZ BLVD.
WOODBRIDGE, VA 22191
PROVIDER NO: 492521

FACILITY TYPE: DIALYSIS FACILITY
STAFF-ASSISTED: HEMO
SELF-CARE:
TRAINING: HEMO CAPD

DATE APPROVED: 063080
OWNERSHIP: PROFIT
INTERMEDIARY: 00040
CROSS-REFER NO:

HCFA REGION: 03
TOTAL STATIONS: 014
RENAL NETWORK: 06
PHONE: (703)494-5168

STATE-VIRGIN ISLANDS

ST CROIX ESRD UNIT DIAMOND ST. RUBY A . 7 CHRISTIANSTEAD, VI 00820 PROVIDER NO: 480002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050177 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:482301	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(809)773-6265
ST THOMAS HOSPITAL HOSPITAL LINE ST THOMAS, VI 00801 PROVIDER NO: 480001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120182 OWNERSHIP: NONPROFIT INTERMEDIARY: 57400 CROSS-REFER NO:482300	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(809)774-8000

STATE=WASHINOTON

LAKE WASHINOTON KIONEY CTR 1474-112TH AVE NE,SUITE 100 0ELLEVUE, WA 98004 PROVI0ER NO: 502505	FACILITY TYPE: 01ALYSIS FACILITY STAFF-ASSISTE0: HEMO PERI SELF-CARE: TRAININO:	OATE APPROVE0: 083101 OWNERSHIP: NONPROFIT INTERME0IARY: 00400 CROSS-REFER NO:	HCFA RE0ION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE:(206)454-0067
MOUNT BAKER KIDNEY CENTER 3201 ELLIS ST 0ELL1NOHAM, WA 98225 PROVI0ER NO: 502501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTE0: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 071480 OWNERSHIP: NONPROFIT INTERME0IARY: 00430 CHOSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 16 PHONE:(206)292-277I
OLYMPIC PENINSULA KIONEY CENTER 2740 CLARE AVE 0REMERTON, WA 98310 PROVI0ER NO: 502502	FACILITY TYPE: 01ALYSIS FACILITY STAFF-ASSISIE0: HEMO SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVE0: 101600 OWNERSHIP: NONPROFIT 1NTERME0IARY: 00430 CHOSS-HEFER NO:	HCFA RE0ION: 10 TOTAL STATIONS: 010 RENAL NETWORK: 16 PHONE:(206)479-5908
TRI-STATE MEMORIAL HOSPITAL I221 H1OHLAND CLARKSTON, WA 99403 PROVI0ER NO: 500057	FACILITY TYPE: 01ALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 031188 OWNERSHIP: NONPROFIT INTERME0IARY: 00430 CROSS-REFER NO:502310	HCFA RE0ION: 10 TOTAL STATIONS: 002 RENAL NETWORK: I6 PHONE:(509)758-I221
PUOET SOUNO KIONEY CTR 1005 PACIFIC AVE EVERETT, WA 98201 PROVI0ER NO: 502503	FACILITY TYPE: 01ALY6I6 FACILITY STAFF-AS6I6TED: HEMO PERI SELF-CARE: TRAININO: HEMO CAPD	OATE APPROVE0: 041681 OWNERSHIP: NONPROFIT 1NTERME0IARY: 00430 CROSS-REFER NO:	HCFA RE0ION: 10 TOTAL STATIONS: 013 RENAL NETWORK: I6 PHONE:(206)259-5195
ST JOHN'S HOSPITAL HEMO UNIT 1614 E KESSLER 0LVD LONOVIEW, WA 98632 PROVI0ER NO: 500041	FACILITY TYPE: 01ALYSIS FACILITY-HOSP STAFF-AS5ISTED: HEMO SELF-CARE: TRAININO: HEMO	DATE APPROVED: 092405 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502308	HCFA RE0ION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 16 PHONE:(206)423-1530
CASCAOE KIONEY CENTER 19665 FIRST AVE S. #106 NORMANDY PARK, WA 98166 PROVI0ER NO: 502509	FACILITY TYPE: 01ALY6I6 FACILITY STAFF-ASSI6TE0: HEMO SELF-CARE: TRAININO:	DATE APPROVED: 071888 OWNERSHIP: NONPROFIT 1NTERME0IARY: 00430 CROSS-REFER NO:	HCFA RE0ION: 10 TOTAL STATIONS: 009 RENAL NETWORK: I6 PHONE:(206)824-9992
ST PETER HOSPITAL ESRO UNIT 413 N. LILLY RO OLYMPIA, WA 98506 PROVI0ER NO: 500024	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-AS6ISTED: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVED: 060706 OWNERSHIP: NONPROFIT INTERMEDIARY: 61061 CROSS-REFER NO:502309	HCFA RE0ION: 10 TOTAL STATIONS: 009 RENAL NETWORK: I6 PHONE:(206)456-7523
MT OLYMPUS KIDNEY CENTER 939 CAROLINE ST PORT ANOELES, WA 98362 PROVI0ER NO: 502510	FACILITY TYPE: DIALYSIS FACILITY STAFF-AS6ISTE0: HEMO SELF-CARE: TRAININO:	OATE APPROVED: 071988 OWNERSHIP: NONPROFIT INTERMEDIARY: 00480 CROSS-REFER NO:	HCFA RE0ION: 10 TOTAL STATIONS: 003 RENAL NETWORK: I6 PHONE:(206)457-8513
MOUNT RAINIER KIONEY CTR 4242 E VALLEY H1OHWAY RENTON, WA 98055 PROVI0ER NO: 502508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSI6TE0: HEMO SELF-CARE: TRAININO: HEMO	OATE APPROVED: 022086 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: I6 PHONE:(206)25I-0647
MIO COLUMBIA KIONEY CENTER 943-A STEVENS AVE R1CHLAND, WA 99352 PROVIDER NO: 502504	FACILITY TYPE: 01ALYSIS FACILITY STAFF-ASSISTE0: HEMO PERI SELF-CARE: TRAININO: HEMO CAPO	OATE APPROVE0: 032501 OWNERSHIP: NONPROFIT 1NTERME0IARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 008 RENAL NETWORK: I6 PHONE:(509)943-5063

STATE-WASHINGTON CONTINUED

VIRGINIA MASON HOSPITAL 925 SENECA STREET SEATTLE, WA 98101 PROVIDER NO: 500008	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S02300	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 16 PHONE:(206)223-6671
UNIVERSITY HOSPITAL 1959 NE PACIFIC ST,NF-25 SEATTLE, WA 98195 PROVIDER NO: 500006	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S02501	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 16 PHONE:(206)545-8067
SWEDISH HOSPITAL MEDICAL CENTER 747 SUMMIT AVENUE SEATTLE, WA 98104 PROVIDER NO: 500027	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502304	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 16 PHONE:(206)386-6000
CHILDRENS HOSPITAL & MEDICAL CTR 4800 SAND POINT WAY NE SEATTLE, WA 98105 PROVIDER NO: 500105	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NORPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502306	HCFA REGION: 10 TOTAL STATIONS: 002 RENAL NETWORK: 19 PHONE:(206)526-2131
NORTHWEST KIDNEY CENTER 700 BROADWAY SEATTLE, WA 98122 PROVIDER NO: 502300	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 042 RENAL NETWORK: 16 PHONE:(206)292-2771
SCHINNER KIDNEY CENTER 2150 N 107TH, SUITE 150 SEATTLE, WA 98133 PROVIDER NO: 502307	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080188 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 016 RENAL NETWORK: 16 PHONE:(206)363-5090
SACRED HEART MEDICAL CENTER W 101 8TH AVE SPOKANE, WA 99220 PROVIDER NO: 500084	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 101681 OWNERSHIP: RORPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S02305	HCFA REGION: 10 TOTAL STATIONS: 019 RENAL NETWORK: 16 PHONE:(509)456-5320
ST JOSEPH HOSPITAL 1717 SOUTH 'I' STREET TACOMA, WA 98405 PROVIDER NO: 500108	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:S02507	HCFA REGION: 10 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(206)627-4101
FT VANCOUVER KIDNEY CTR 505 NE 87TH AVE VANCOUVER, WA 98664 PROVIDER NO: 505501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080188 OWNERSHIP: NONPROFIT INTERMEDIARY: 00350 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 008 RENAL NETWORK: 16 PHONE:(206)254-2323
CENTRAL WASHINGTON HOSPITAL 1500 FULLER ST WENATCHEE, WA 98801 PROVIDER NO: 500015	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: RONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:502305	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 16 PHONE:(509)662-1511
ST ELIZABETH MEDICAL CTR 110 SOUTH 9TH AVE YAKIMA, WA 98902 PROVIDER NO: 500012	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:S02502	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 19 PHONE:(509)575-5160

BMA OF BECKLEY 421 CARRIAGE DRIVE BECKLEY, WV 25801 PROVIDER NO: 512505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060184 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 05 PHONE: (304)252-9270
BMA OF BLUEFIELD RT 2 BOX 255 BLUEFIELD, WV 24701 PROVIDER NO: 512501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 05 PHONE: (304)325-3621
CHARLESTON AREA MEDICAL CTR BROOK & WASHINGTON STS,O.O.BOX 1393 CHARLESTON, WV 25325 PROVIDER NO: 510022	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081487 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO: 512302	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 05 PHONE: (304)347-9200
WEST VIRGINIA DIALYSIS FACILITIES INC 3416 MACCORKLE AVE, SE CHARLESTON, WV 25304 PROVIDER NO: 512503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 051280 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 05 PHONE: (304)345-7323
UNITED HOSPITAL CENTER DIALYSIS UNIT P.O. BOX 1680 CLARKSBURG, WV 26301 PROVIDER NO: 510006	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100785 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO: 512308	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE: (304)624-2332
WEST VA HEALTH CARE COOPERATIVE INC P.O. BOX 1484 ELKINS, WV 26241 PROVIDER NO: 512508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 05 PHONE: (304)636-3300
CABELL-HUNTINGTON HOSP 1340 HAL GREER BLVD HUNTINGTON, WV 25701 PROVIDER NO: 510055	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO: 512306	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 05 PHONE: (304)696-6590
MAN APPALACHIAN REGIONAL HOSP 600-800 E MCDONALD AVE MAN, WV 25635 PROVIDER NO: 510035	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO: 512304	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 05 PHONE: (304)583-6511
BMA OF MARTINSBURG 608 ROCKCLIFF DR MARTINSBURG, WV 25401 PROVIDER NO: 512502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 021979 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 05 PHONE: (304)263-0964
WEST VIRGINIA UNIVERSITY HOSP P.O. BOX 6401 MORGANTOWN, WV 26506 PROVIDER NO: 510001	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 010287 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO: 512300	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 05 PHONE: (304)293-2950
WEST VA HEALTH CARE COOPERATIVE INC 165 SCOTT AVE-SUITE209 MORGANTOWN, WV 26505 PROVIDER NO: 512506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CCPD	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 05 PHONE: (304)291-6543

ST JOSEPHS HOSP 10TH & BURDOCH AVE PARKERSBURG, WV 26101 PROVIDER NO: 510033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 052380 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512303	HCFA REGION: 03 TOTAL STATIONS: 005 RENAL NETWORK: 03 PHONE:(304)424-4111
WELCH DIALYSIS CENTER 90 STEWART ST WELCH, WV 24801 PROVIDER NO: 512507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080585 OWNERSHIP: PROFIT INTERMEDIARY: 00441 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 05 PHONE:(304)436-8428
WHEELING DIALYSIS CENTER P.O. BOX 8318 WHEELING, WV 26003 PROVIDER NO: 510050	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 010184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00441 CROSS-REFER NO:512305	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 05 PHONE:(304)233-2280

STATE=WISCONSIN

BELOIT MEMORIAL HOSPITAL 1969 WEST HART ROAD BELOIT, WI 53511 PROVIDER NO: 52D1DD	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 120787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522324	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(414)384-8631
LUTHER HOSPITAL 1221 WHIPPLE ST EAU CLAIRE, WI 54702 PROVIDER NO: 52DD7D	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522311	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(715)839-8171
ST VINCENT'S HOSPITAL 1324 S WEBSTER (P.O. BOX 1350B) GREEN BAY, WI 54307 PROVIDER NO: 52DD75	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522312	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(414)433-0440
GREEN BAY KIDNEY DIALYSIS CTR 1910 RIVERSIDE DR GREEN BAY, WI 54301 PROVIDER NO: 5225D1	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 100285 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(414)436-4910
MERCY DIALYSIS CENTER INC 1000 MINERAL POINT AVE JANESVILLE, WI 53545 PROVIDER NO: 5225D3	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 100787 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(608)756-6622
ST CATHERINES HOSPITAL 3556 SEVENTH AVE KENOSHA, WI 53140 PROVIDER NO: 520D89	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522310	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(414)656-5791
LACROSSE LUTHERAN HOSPITAL 1910 SOUTH AVENUE LACROSSE, WI 54601 PROVIDER NO: 52DD87	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522313	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(608)785-0630
MERITER-METHODIST HOSPITAL 309 WEST WASHINGTON AVENUE MADISON, WI 53703 PROVIDER NO: 52DD43	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522305	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(608)251-2371
UNIV OF WISCONSIN HOSP & CLINICS 500 HIGHLAND AVE MADISON, WI 53792 PROVIDER NO: 52DD9B	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522315	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(608)263-0000
MANITOWOC KIDNEY DIALYSIS CTR 1415 SOUTH RAPIDS RD MANITOWOC, WI 54220 PROVIDER NO: 5225D5	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 092980 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(414)682-2500
BAY AREA MEDICAL CENTER 3100 SHORE DRIVE MARINETTE, WI 54143 PROVIDER NO: 52D113	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522317	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(715)735-8521

STATE-WISCONSIN CONTINUED

ST JOSEPHS HOSPITAL 611 ST JOSEPH AVENUE MARSHFIELD, WI 54449 PROVIDER NO: 520087	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522302	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(715)387-7757
ST MICHAEL HOSPITAL 2400 WEST VILLARD AVENUE MILWAUKEE, WI 53209 PROVIDER NO: 520040	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522304	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(414)527-8180
ST MARYS HOSPITAL 2323 N LAKE DR (P.O. BOX 503) MILWAUKEE, WI 53201 PROVIDER NO: 520061	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522307	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(414)289-7000
SINAI-SAMARITAN MEDICAL CENTER 950 NORTH 12TH ST (P.O BOX 342) MILWAUKEE, WI 53233 PROVIDER NO: 520094	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522308	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(414)289-8002
ENDEOTERT MEMORIAL LUTHERAN HOSP 1000 N 92ND ST MILWAUKEE, WI 53226 PROVIDER NO 520177	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 043081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522322	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(414)453-7048
CHILDRENS HOSPITAL OF WISCONSIN 1700 W WISCONSIN AVE(BOX 1997) MILWAUKEE, WI 53233 PROVIDER NO: 523300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 101987 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522319	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(414)931-1129
GREATER MILWAUKEE DIALYSIS CTR 3801 W WISCONSIN AVE MILWAUKEE, WI 53203 PROVIDER NO: 522502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 120986 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 028 RENAL NETWORK: 11 PHONE:(414)933-5577
SINAI SAMARITAN MED CTR-SATELLITE 4880 S HOWELL MILWAUKEE, WI 53207 PROVIDER NO: 523501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPRCVED: 080787 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(414)289-8002
THEDA CLARK MEM HOSP 130 2ND ST NEENAH, WI 54956 PROVIDER NO: 520045	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522306	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(414)729-3100
FOX VALLEY REGIONAL DIALYSIS CENTER 215 N. COMMERCIAL STREET NEENAH, WI 54956 PROVIDER NO. 522500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(414)725-7851
LACROSSE LUTHERAN HOSP SATELLITE 705 TAYLOR ST PRAIRIE DU CHIEN, WI 53821 PROVIDER NO: 523500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(608)326-2431

ST LUKES HOSPITAL 1320 WISCONSIN AVENUE RACINE, WI 53403 PROVIDER NO: 520094	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522315	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(414)636-2011
LAKEVIEW MEDICAL CENTER 1100 NORTH MAIN ST RICE LAKE, WI 54868 PROVIDER NO: 520011	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 030178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522320	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(715)234-1515
ST NICHOLAS HOSP 1601 N TAYLOR DR SHEBOYGAN, WI 53081 PROVIDER NO: 520044	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031502 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522323	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(414)459-8300
ST MICHAEL'S HOSP 900 ILLINOIS AVE STEVENS POINT, WI 54481 PROVIDER NO: 520002	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522300	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(715)345-5502
WAUKESHA DIALYSIS CENTER INC 725 AMERICAN AVE WAUKESHA, WI 53186 PROVIDER NO: 522504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 100987 OWNERSHIP: PROFIT INTERMEDIARY: 00450 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(414)544-2575
WAUPUN MEMORIAL HOSPITAL 520 W BROWN ST WAUPUN, WI 53963 PROVIDER NO: 520025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522301	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 11 PHONE:(414)324-5501
HOWARD YOUNG MEDICAL CTR 240 MAPLE ST, P.O. BOX 470 WOODRUFF, WI 54568 PROVIDER NO: 520091	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00450 CROSS-REFER NO:522314	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(715)355-8000

STATE-WYOMING

SOUTHEASTERN WYOMING DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012378	HCFA REGION: 08
1111 LOGAN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
CHEYENNE, WY 82001	SELF-CARE:	INTERMEDIARY: 00480	REGAL NETWORK: 15
PROVIDER NO: 502501	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE: (307)632-5457

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